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**INVESTIGATION OF THE VETERANS' ADMINISTRATION, WITH  
A PARTICULAR VIEW TO DETERMINING THE EFFICIENCY  
OF THE ADMINISTRATION AND OPERATION OF  
VETERANS' ADMINISTRATION FACILITIES**

---

**HEARINGS**

BEFORE THE

**COMMITTEE ON WORLD WAR VETERANS'  
LEGISLATION**

**HOUSE OF REPRESENTATIVES**

**SEVENTY-NINTH CONGRESS**

**FIRST SESSION**

**PURSUANT TO**

**H. Res. 192**

**(79th Congress, 1st Session)**

**A RESOLUTION TO DIRECT THE COMMITTEE ON  
WORLD WAR VETERANS' LEGISLATION TO  
INVESTIGATE THE VETERANS'  
ADMINISTRATION**

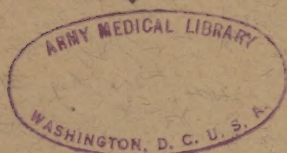
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**PART 3**

**JUNE 12, 13, 14, 1945**

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**Printed for the use of the Committee on World War Veterans' Legislation**







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## COMMITTEE ON WORLD WAR VETERANS' LEGISLATION

SEVENTY-NINTH CONGRESS

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# INVESTIGATION OF THE VETERANS' ADMINISTRATION WITH A PARTICULAR VIEW TO DETERMINING THE EFFICIENCY OF THE ADMINISTRATION AND OPERA- TION OF VETERANS' ADMINISTRATION FACILITIES

TUESDAY, JUNE 12, 1945

HOUSE OF REPRESENTATIVES,  
COMMITTEE ON WORLD WAR VETERANS' LEGISLATION,  
*Washington, D. C.*

The committee met at 10 a. m., Hon. John E. Rankin (chairman) presiding.

The CHAIRMAN. The committee will come to order. General Kearney?

Mr. KEARNEY. Mr. Chairman, I would like to insert in the record a telegram that I sent to General Hines requesting the suspension of Col. Louis Verdell, manager of the Northport facility.

The CHAIRMAN. Will you read the telegram, General Kearney?

Mr. KEARNEY [reading]:

In view of bringing to light during yesterday's testimony many instances of abuse of patients at Northport, Long Island, facility under charge of Col. Louis Verdell, request immediate suspension of officer in charge. It certainly has been demonstrated that he is not a proper individual to be in charge of that institution. These cases of court martial of 15 soldiers attached to duty there and conviction of 13, together with the charges of assault made against 7 civilian attendants and now under consideration of the United States attorney in that area, revolt not only the veterans of America but the entire American public. Incompetency and inefficiency in the facility and lack of control over entire hospital personnel certainly demonstrates inability to conduct facility on a humane plane in treatment of our veterans. This condition should not be tolerated and I, as a member of the war veterans committee speaking simply for himself, request Colonel Verdell's immediate suspension and ask that charges be brought against him without delay.

In answer to that I will say that I received a telegram this morning from Colonel Verdell, reading as follows:

This morning I requested authority to report to Washington for a conference with the Administrator. I did this hoping I might see you and explain my position. I feel confident that I can satisfy you that I have not been indifferent to my responsibilities and that I have not only my patients but all veterans' interest at heart.

L. F. VERDELL.

I wish to insert that in the record, also.

The CHAIRMAN. General, these 15 that were court-martialed and 13 convicted, what were the charges against them; do you know?

Mr. KEARNEY. They were charged with certain specifications under the Articles of War.

I understand the sentences were 2 months' confinement and forfeiture, I think, of \$50.



The CHAIRMAN. And it was mistreatment of disabled veterans in the hospital?

Mr. KEARNEY. That is what I am advised.

The CHAIRMAN. This is a white hospital, I believe, mostly white patients, and information has come to me that every one of these defendants were Negroes.

Now, I want whoever has the information on this from the Veterans' Administration to be prepared to explain to us who sent these Negroes there into this white hospital, why they were sent there, and to give a full explanation of it.

Mr. McQUEEN. I might say to the chairman and to the committee that I have talked this morning with Mr. Galbreath and requested that he immediately get together all the information in regard to these matters and be prepared when called to come over here.

Mr. KEARNEY. They have that information now, have they not?

Mr. McQUEEN. I thought we would bring them all in at once.

The CHAIRMAN. What is that in connection with?

Mr. KEARNEY. In connection with the investigation that physical duties should also be looked into. I am advised that a great number of these boys at Northport who have been assigned there are not physically fit for that duty.

Some of them have but one eye; there are many cases of double hernia, and a man with double hernia certainly should not be put in as an attendant in a mental hospital where he may have to assist in caring for disturbed patients.

I understand it is the proposition of the War Department to place on duty with the various facilities throughout the country those soldiers that they do not want.

If they are physically unfit they should be discharged.

The CHAIRMAN. Well, if General Patton is not sent to the Pacific arena of war right away, I hope he is made Secretary of War. I am tired of seeing Communists commissioned into the United States Army and seeing the element that the War Department does not want unloaded onto the disabled veterans of the country.

Ever since I have been a member of this committee I have explained and I have argued that if you wanted the whites and blacks to get along in this country, and especially in veterans' hospitals, you are going to have to segregate them, and the Army under pressure has attempted to break down that segregation, and here are some of the results. I think some of the things that are needed are changes in the War Department, and the quicker the better.

Mr. KEARNEY. Mr. Chairman, I did not and do not have any desire to persecute Mr. Verdell, or any other manager of a facility, but it seems to me there is something wrong somewhere, and I would like to find out where it is.

The CHAIRMAN. I will tell you where it is, there is something wrong in the War Department. They have been trying to force the whites and Negroes into the same hospital at Jackson, Miss.

Mr. KEARNEY. Well, the six or seven attendants that assaulted the patients are not Negroes, they are white men.

The CHAIRMAN. What?

Mr. KEARNEY. I say the six or seven attendants that assaulted the patients and that are now under consideration by the United States attorney's office are white men.

The CHAIRMAN. Yes; but these 15 that were brought to court martial and 13 that were convicted, I understand were all Negroes, and they ought to have been sent to the hospital, and they ought not to be placed in this hospital in Jackson, Miss., and other places.

And I want to say another thing, that the reason Negroes in this country do not want to be placed in white hospitals—they are urging me now to get a Negro hospital, in order to have the same peace and harmony that they now have in Tuskegee, Ala.

Mr. KEARNEY. Mr. Chairman, I might say in connection with the Northport Hospital that I have a letter from one of the doctors in that hospital who is perfectly willing to come here and testify and tell what he thinks is wrong.

The CHAIRMAN. Give the man's name to the counsel, and he will certainly be glad to invite him, and not only invite him but to subpoena him if necessary.

These conditions have to be cleaned up. That is what we are after, to find out what is wrong with these hospitals and clean this up.

The trouble at Northport, I think, is chargeable to the stupidity of somebody in the War Department.

Mr. KEARNEY. Well, it is stupidity.

Mr. SCRIVNER. Mr. Chairman, this points up the discussion of responsibility in connection with my discussion with the doctor last week and that is that the commanding officers or chief medical officers, no more than the company commander can pass the buck on down. The responsibility goes with the commanding officer, the chief medical officer of the hospital, and the mere fact that one of these warrant officers or managers will transfer him from the hospital does not remedy the situation, does not help the veteran, but merely changes the scene of his activities, whether it is inefficiency or whatever it may be.

I am just curious now as to what future action this committee will now take in reference to the matter General Kearney has just raised this morning in connection with Colonel Verdell and this particular hospital.

The CHAIRMAN. Mr. Scrivner, I just explained to General Kearney that we will summon this doctor down here, and I think we should make a thorough investigation of this Northport Hospital, because here we have found something that we know is wrong.

Mr. SCRIVNER. I will go with you on that and go further, that the investigation should include all 94 of the hospitals.

The CHAIRMAN. Well, the trouble is many of those we found nothing wrong. If you take all the hospitals, it will take several years to get through.

Mr. SCRIVNER. Oh, I do not think so.

The CHAIRMAN. It would. It would take probably 5 or 10 days on each one of them and there are 94 of them.

Mr. SCRIVNER. Well, you have a committee here that can be split into subcommittees.

I feel this way, Mr. Chairman, there are many of these hospitals that have not been visited.

I do not consider my visit to any one of these three hospitals an inspection or merely the start of an investigation. All it was was merely a visit to try to bring to myself and to bring back to some of the members some basis upon which they can be conducted; and I know that if one single, solitary hospital is left out that is the one where you

will hear, "Well, if you had come up here, we would have given you an earful."

You have them in the Dakotas, Arizona, and New Mexico; I do not suppose any members of this committee have ever visited them. You may have, Mr. Chairman, but as far as the rest of us, being the newer members, I doubt if any one of us has ever been to one of those hospitals.

The CHAIRMAN. I will say to the gentleman, it is impossible for me to go to all the hospitals. I have been to hospitals in Colorado, Washington, Oregon, Kansas, and a great many other States, but it has been utterly impossible for me—

Mr. SCRIVNER. One man cannot do it, but where you have 21 members on a committee where it can be divided into subcommittees, you can visit them all.

The CHAIRMAN. I have appointed every member of subcommittees to visit the hospitals during the recess. I will say probably half of them or two-thirds visited the hospitals and the others did not.

Mr. ALLEN. Mr. Chairman, I do not see how a layman who knows nothing about medicine can go into a hospital and pass judgment on what is taking place in the hospital.

I can look at the food and know whether it is palatable, where it is in sufficient quantity—whether it is in sufficient quantity or not, and I can look at sanitation and things like that, but it is impossible for a layman to know whether a man is getting the right treatment and things like that.

The CHAIRMAN. What do you say, General Kearney, to subpoenaing Dr. Verdell?

Mr. KEARNEY. Louis Verdell.

The CHAIRMAN. How about Thursday morning? What do you say to that?

Mr. KEARNEY. The sooner, the better.

Mr. ODOM. Mr. Chairman, General Kearney will receive a letter from General Hines, among other things that Colonel Verdell has been ordered to Washington, so that he will be here for anything that the committee or any member of the committee desires.

In a desire to be helpful, Mr. Chairman, in connection with Mr. Scrivner's question, this matter of securing information as to offenses of this nature is one of the most difficult things, perhaps, anybody ever attempted to do.

Because of the character of the patients that you are dealing with, it is impossible almost, for any one on the outside to go into any of these hospitals and get any information that is of any use whatever.

Mr. KEARNEY. When were these boys court-martialed up there?

Mr. ODOM. Well, I would like to complete my statement.

These things have occurred sporadically from time to time. We have always dealt with them, but it has been difficult. No lawyer wants to try a case when he has to rely on testimony from somebody from one of these institutions.

What I am getting at is this: Due to the shortage of personnel and having to assign untrained personnel, including soldiers, the matter became more difficult late last year, and General Hines determined that certain drastic measures must be taken. So, in January, he put into effect the system which is being followed of employing undercover men.



We might as well tell you all about this now.

That is the way this Northport matter was broken. The manager could not get the facts, and so these undercover men were put in there as attendants.

You have to put them in groups of two or more in order to get substantiating evidence. Our investigators put in there as attendants broke that case.

Then we sent a trained central office investigator up there to survey the entire hospital, and we have that entire investigation here. It probably is 2,700 pages.

The CHAIRMAN. Why did you not give us this information instead of having it come to us in this way from the outside?

Mr. ODOM. Mr. Chairman, we have not had our innings yet. We intended to give you this information and anything else that is pertinent to this inquiry. We have not intended to keep anything from this committee, because we can tell you a lot more than anybody on the outside can.

The CHAIRMAN. Well, I think——

Mr. KEARNEY. I think the gentleman will agree with me that if it is necessary to send undercover men or FBI men into a hospital——

Mr. ODOM. We do not use FBI men. I do not know where the press got that.

Mr. KEARNEY [continuing]. There is something wrong.

Mr. ODOM. Yes. That is why we sent them.

The CHAIRMAN. Well, I am going to issue a subpoena for Colonel Verdell for Thursday morning at 10 o'clock.

Mrs. ROGERS. Mr. Chairman, I do not think we should make a record of all that.

Mr. McQUEEN. I did request that those matters be gotten together and be presented to this committee in secret. That is the thing the lady asked for. They have not gotten that completed yet. It will be ready next week.

Mrs. ROGERS. Well, any well-regulated organization would have that on file.

The CHAIRMAN. No member has the right to complain who did not take the opportunity when I appointed them to go and make investigation of these hospitals.

Mrs. ROGERS. I went in the hospitals.

The CHAIRMAN. What?

Mrs. ROGERS. I went in the hospitals. But I think also the head of one of these hospitals should be called before the committee. I think he should be able to give the committee some very valuable suggestions.

The CHAIRMAN. I am going to ask you to send a wire to Colonel Verdell.

Mr. RAMEY. Mr. Chairman, I visited eight hospitals, and out of the eight, six are in good condition with exception of not sufficient help, especially attendants. Of course, more doctors and nurses are needed. But a few think the manager of the Dayton Hospital should be subpoenaed for the following reasons:

Since I left there I have had a letter from a lady of the American Auxiliary of the State of Ohio who volunteered to complete this.

She has visited four men from this war who said they were treated perfectly in hospitals overseas, but they have been treated like forgotten men here.

I have a man from Ada, Ohio, that is, Amos Wolber, who was severely wounded overseas, who encloses a letter from the manager from the Dayton Facility, saying, "We cannot do anything for you; sending you a copy of the GI bill of rights." Just a form letter.

He does not seem to receive any help.

I would like these questions answered by this man.

The CHAIRMAN. I would like to say to the gentleman from Ohio that there is some legislation with reference to veterans that is necessary to get passed before these claims can be processed. One bill we passed the other day is to give the Veterans' Administration the right to go out and employ the help they need down here to process these claims, and the other is to set up a medical staff and give General Bradley, who is coming in, the right to clean up the Medical Corps and to select his own doctors and to pay them a reasonable compensation.

Now, until we get that legislation passed, we are going to have a great deal of difficulty in getting these matters straightened out.

But there have been complaints against the veterans' facility at Dayton, from time to time ever since I have been chairman of this committee.

Mr. RAMEY. Yes, there is our greatest problem. I am going back there this week at my own expense and I would like to have them answer these questions.

The CHAIRMAN. All right. Suppose you send him a telegram to be here Thursday, also, or would you rather have him at a later date?

Mr. RAMEY. Do you want him a week from Thursday? I go down there this week end.

Mr. ALLEN. Get him right away.

Mr. RAMEY. All right. The manager is John Ale. A good man, who was promoted from Indianapolis. However, he is in a most difficult place now. Some questions should be answered.

Some veterans of World War II say their treatment overseas in hospitals was excellent, but at Dayton they are "just shoved around."

The CHAIRMAN. Send for him, and get this other man here, too, then.

Mr. KEARNEY. Mr. Chairman, I suggest in your subpoena to Col. Louis Verdell, you subpoena William J. Turner. He is a doctor there, also.

Mrs. ROGERS. There has been need for a Medical Corps and nursing corps for years.

The CHAIRMAN. Well, the Veterans' Administration is behind this bill now for medical corps.

Mrs. ROGERS. Yes; very belatedly.

The CHAIRMAN. I do not know how belatedly, but they are for it now.

Mrs. ROGERS. I think when they testify you will find they have blocked it up to now.

The CHAIRMAN. Now, then, we have met this morning to hear these representatives of the veterans' organizations. I am going to call first, Col. John Thomas Taylor.

STATEMENT OF JOHN THOMAS TAYLOR, DIRECTOR, NATIONAL  
LEGISLATIVE COMMITTEE, THE AMERICAN LEGION

The CHAIRMAN. Colonel, you did not get up to general during this war?

Colonel TAYLOR. No, thank you.

The CHAIRMAN. I have been on this committee a long time and he has been in the service in this war, and he is back with us now representing the American Legion.

Mr. McQUEEN. May I say, Mr. Chairman, that I assume the Legion's over-all reports will be based upon the questions which were sent out to the field and from which their report has been compiled. Is that right?

The CHAIRMAN. Colonel Taylor, we have a rule here of swearing the witnesses.

(Thereupon Colonel Taylor was duly sworn by the chairman.)

Colonel TAYLOR. Mr. Chairman, Mrs. Rogers, and gentlemen, the American Legion is most happy this investigation is under way. Our organization is hopeful it will be a far-reaching and impartial one. We recommend that your committee take any and all remedial action which may be necessary. If any individual has been guilty of cruelty toward disabled veterans he should be prosecuted to the fullest extent of the law. If there are those in the service of the United States Veterans' Administration who have become complacent they should be discharged forthwith. If there are individuals who are inefficient in their positions, they should be discharged or lowered in rank to a position commensurate with their ability. In other words, the American Legion recommends a thorough investigation not only of hospitalization but of every phase of Veterans' Administration activities. We hope to see the Veterans' Administration operate smoothly and efficiently in the performance of its functions to the war veteran and his dependents.

Some months ago there was criticism directed at the Veterans' Administration. Thereafter Brig. Gen. Frank T. Hines, Administrator, called together the heads of the three major World War I veterans' organizations and requested each through his own channels to conduct a Nation-wide survey of the hospital situation. Speaking for the American Legion, such a survey was conducted through our department officials, including field secretaries and service officers. In a few moments I shall introduce the chief of our national rehabilitation committee, who will furnish you with the details and results of that survey. So as to conserve time I shall not touch on any of those details.

However, I should like to take this opportunity to say that the agency, now designated the United States Veterans' Administration was created to efficiently administer the laws relating to veterans and their families. Over the years the Veterans' Administration has done a splendid job, but my personal opinion is that sufficient advance planning was not done to meet the current load and the anticipated future load. As should have been known, when we all had knowledge of the great manpower the armed forces would require, there immediately should have been placed into effect a campaign to acquire the necessary qualified personnel. This not having been done, we today



are confronted with delays in the handling of claims. The Servicemen's Readjustment Act of 1944 certainly gave the Administrator enough authority in title I, section 100, to employ qualified personnel but even this was a late date.

The obligation which we owe to those who have suffered in body and in mind in this war is the highest, the most sacred charge upon our country, our people, and our Government.

Grave charges have been made that we are not fulfilling that obligation. So broad, so sweeping are those charges that they demand the fullest investigation, the most searching examination of every detail of the Veterans' Administration. Nothing less than a full, frank investigation, and a complete detailed publication of the results of such an investigation will satisfy the men who are fighting this war, nothing less will satisfy their families or the American people.

The hospitalization phase of the investigation must be conducted in the field by skilled medical and rehabilitation experts, who will visit every hospital, every facility of the Veterans' Administration. Only in that way can this committee be certain whether or not we are giving "third-rate medicine to first-rate men."

Now, I have heard the chairman and several others speak this morning about the length the hearings are going to go on before this committee, and I am interested in the statement in the press credited to John McCormack, that Congress will probably recess about the 10th of July, which is about a month from today, and that the House is being troubled with absenteeism.

We, in the American Legion, are interested in this legislation that is pending before this committee, and we are alarmed, as a matter of fact, that no legislation is coming out of this committee.

We have presented a number of bills. Just today we are presenting a bill.

The CHAIRMAN. Colonel Taylor, a week or so ago, I asked to take out a couple of days to consider some very pressing legislation that the Legion is behind, and then I think all the veterans' organizations are behind it, in order that we might get it out and pass it, and I would like to tell you, I was voted down by the committee.

Mr. SCRIVNER. Mr. Chairman, that is not exactly correct. The only motion which was made was made by me that H. R. 3310 be deferred until this phase, the investigation of the hospitals, was out.

The CHAIRMAN. That is the legislation I am talking about.

Mr. SCRIVNER. Well, that is not all the legislation.

The CHAIRMAN. We cannot pass it all. That is the most pressing piece of legislation before this committee.

Mr. SCRIVNER. Upon which we do not have the information or facts to pass.

The CHAIRMAN. I proposed to take out a couple of days here and get that information.

Mr. SCRIVNER. And which you cannot have until the investigation is completed, as far as building up the hospital corps, and all that. As far as the other legislation is concerned, there never has been any attitude on the part of any member I know of to stop any of it, but on this 3310 which we saw for the first time when we walked in here on Tuesday morning, this is the one point on which that is predicated.

The CHAIRMAN. That is the most important legislation before the committee.

Mr. SCRIVNER. I still maintain the committee does not have the information until this investigation of the hospitals is complete to pass on that particular legislation.

The CHAIRMAN. I proposed to take out a couple of days, or three, and get this information, and I was voted down, as the record will show.

And I am still ready and anxious to pass that legislation, but I am not going to interrupt this investigation over the protests of the members of the committee. I can tell you that right now.

I want the record to show that I undertook to take a little time out to consider that most vital legislation that we are going to have to have if we ever get this cleaned up.

Mr. SCRIVNER. There is other legislation——

Mr. DOMENGEAUX. I have this point to make, that legislation pertains fundamentally to the correction of the hospitals of the Veterans' Administration. How could this committee intelligently pass upon that medical question embraced in the bill, before we had had any opportunity at all to determine a medical question?

The CHAIRMAN. All right. I am just laying the question before you.

Mr. SCRIVNER. Mr. Chairman——

The CHAIRMAN. The gentleman from Louisiana has been gone most of the time since that time.

Mr. DOMENGEAUX. No, Mr. Chairman, I have been away only a few days. I have very diligently carried on the investigation. I have gone before—I have gone into more hospitals than you have and I think I have a very constructive report to give to this committee.

The CHAIRMAN. I hope so.

Mr. SCRIVNER. Well, Mr. Chairman, there have been amendments to the GI bill proposed and those matters have not been presented to this committee, and there has been no inclination to interfere with that legislation.

The CHAIRMAN. Now, does the gentleman from Kansas want to interrupt this to consider those bills?

Mr. SCRIVNER. I think so far as the returning veterans are concerned, they are more important than this bill.

The CHAIRMAN. I am anxious to get those bills passed but I do not want the members of this committee to be criticizing the chairman and then voting down every proposal to get this before the House.

Mr. SCRIVNER. There has not been any proposal except H. R. 3310.

Mr. ALLEN. This investigation will probably go on for some time, if we pursue the course we are now pursuing, and I would hate to see some legislation that I think is very important held up until we conclude that.

For instance, we probably need to overhaul the loan features of the GI bill of rights.

Mr. SCRIVNER. That is right.

Mr. ALLEN. I think this committee ought to go through that loan title very carefully again, and there are some other features.

I am not so certain that it is wise to hold that up until we get through with this.

Mr. AUCHINCLOSS. Mr. Chairman, I think it is a pity that we interrupt the proceedings with these discussions.

Mr. SCRIVNER. I want to get the record right.

Colonel TAYLOR. Well, I have concluded my statement, Mr. Chairman, and some of the members of the committee say the same thing, you well say if we go into 94 of them it is going to take 40 or 50 days, and I just say—and I repeat, that I think this committee should do something about that, and set aside a few days for the consideration of the vital legislation which is now pending before this committee.

The CHAIRMAN. I agree with you thoroughly, Colonel Taylor, and that is exactly what I want.

Colonel TAYLOR. Well, I am sure that the committee will agree with you on that.

Mr. KEARNEY. Mr. Chairman, is there any reason why we cannot take up some of this legislation next Monday?

The CHAIRMAN. The trouble is you can hardly get a quorum of this committee on Monday.

Now, I am the first man who ever served in Congress who answered every single roll call for 10 consecutive years. I have missed fewer roll calls during the past 10 years than any man who ever served in Congress.

But you can hardly get a quorum on Monday, and that is the reason we postpone these hearings until Tuesday.

The gentleman from New York, Mr. Kearney, has been in here; the gentleman from Iowa, Mr. Cunningham, has been here. The lady from Massachusetts. But there are a great many members who get here hardly at all, just on occasion, and if someone makes a point of no quorum at any time, it is very embarrassing.

I have been willing to hold these hearings all day long, there have been times on the floor that we ought to have been there.

Mr. AUCHINCLOSS. Mr. Chairman. I want the record to show the gentleman from New Jersey has been here every time except when he was away on official business.

The CHAIRMAN. I want to say this to you now, if you are going to stay on this committee, I hope you will attend these hearings.

Colonel TAYLOR. Mr. Chairman, I just want to close in making this remark—

The CHAIRMAN. The gentleman from Missouri was here, too.

Mr. CARNAHAN. I have been at every meeting.

Mr. KEARNEY. Mr. Chairman, I want to make a motion that we vote everybody as being present at every meeting all the while.

Colonel TAYLOR. I am just back from 2 years overseas. During the time I took the opportunity to get pretty close to the GI's who are fighting this war.

I am not saying this by way of criticism at all, Mr. Chairman, of the members of this committee, but this committee ought to orient itself on the mental attitude of the returning GI's of this war.

The GI has a whole lot of different ideas than the veterans of World War I have been considering over the past 21 or 22 years. He does not understand, and he expects a great deal, and I am not surprised at the criticisms that are being directed at veterans' facilities and at the Congress and every other function that has to do with the returning World War II veteran. We have now 11½ million of them here and soon will have another million of them, and I urge upon you that such laws as are on the books now that require some remedial action, that that action be taken immediately, because, Mr. Chairman, and members of this committee, if it is not, there is going to be an



awful burst of criticism against the World War Veterans' Committee, and we do not want that. We do not want that.

Mrs. ROGERS. The men of this war, I believe, should be called before this committee. Do you not think so?

Colonel TAYLOR. I think the veterans' organizations who are here—

There are World War II veterans—every veterans' organization is composed of World War II veterans, Mrs. Rogers.

Mrs. ROGERS. But you say their viewpoint is different. I think they should be divided in speaking of that organization.

Colonel TAYLOR. That is for the chairman and the committee to decide. I think we know the problem of the World War II veteran.

Mrs. ROGERS. And this is much more vast.

Colonel TAYLOR. It is much more vast. What I am saying is that this committee needs to avoid the burst of criticism against this committee and it is time to take action now.

Mrs. ROGERS. We should have taken that action at the end of the last session.

Colonel TAYLOR. I am not criticizing the committee. I am merely qualifying the statement of facts as I understand them.

Mr. KEARNEY. Will the lady from Massachusetts yield?

Mrs. ROGERS. Yes, indeed.

Mr. KEARNEY. The American Legion, the Veterans of Foreign Wars, and DAV have several hundred thousand veterans of World War II within their ranks.

Mrs. ROGERS. Yes.

Mr. KEARNEY. Now the leaders of those organizations are far better qualified to speak for World War II veterans than some organization that is now headed by a man who was not an American soldier.

Mrs. ROGERS. Well, I am not speaking of any particular one. But I think their point of view should be expressed, particularly.

Colonel TAYLOR. We will express it for you when we get before you on these various bills. We will stress them. We know what they want.

Mrs. ROGERS. General Bradley cannot expect, unless he is given a Cabinet position in order that we can be there constantly, to get results for the veterans.

Just as sure as I am alive, that will come.

May I have one more question, Mr. Chairman?

The CHAIRMAN. Yes.

Mrs. ROGERS. I wanted to ask if you had any thought it would be very valuable to have a large medical center here in Washington for the veterans?

Colonel TAYLOR. Well, I am going to let Mr. Kraabel testify on that.

Mrs. ROGERS. You turn it all over to Mr. Kraabel?

Colonel TAYLOR. Yes. It is in our program.

Mr. SCRIVNER. On this committee now there are three veterans of this war, Mr. Huber, Mr. Kearney, and Mr. Domengeaux.

Colonel TAYLOR. That is right. I am not saying this by way of criticism. I am just pointing out that we do not want any flood of criticism coming down on this committee. This committee has done a wonderful job since the last war.

The CHAIRMAN. I am going to oppose any recess until we get the veterans' legislation through, but I am going to suggest you take

the bills and look through them and suggest which ones we should take up first.

Colonel TAYLOR. We will be glad to do that.

Mr. DOMENGEAUX. I agree with you perfectly, sir, that the basic problems in these hospitals are medical problems and that a competent medical man should go out in the field under our direction and make an analysis and bring back recommendations to this committee as to corrections that should take place.

And I think that that is an excellent suggestion; I think the committee should go along.

Colonel TAYLOR. All right. Thank you very much.

Mr. McQUEEN. Mr. Kraabel, be sworn, please?

(Whereupon, Mr. Kraabel was duly sworn.)

#### STATEMENT OF T. O. KRAABEL, DIRECTOR, NATIONAL REHABILITATION COMMITTEE, THE AMERICAN LEGION

The CHAIRMAN. I am not trying to rush anybody, but at least a couple of other veterans' organization wanted to get a little time before the committee this morning and be heard by the committee if possible.

Mr. KRAABEL. Mr. Chairman, I can take the high lights as I go through it, in deference to your request.

The CHAIRMAN. All right.

Mr. KRAABEL. Mr. Chairman, lady and gentlemen of the committee, the National Rehabilitation Committee of the American Legion welcomes the opportunity to appear before this distinguished committee and present its recommendations and findings on the operation of the Veterans' Administration, and in particular the medical and hospital service. Through experience extending back to the last war, and in collaboration with national field secretaries, department, State, and county service officers throughout the country, this division of our organization feels it is in favorable position to make these comments.

The Veterans' Administration is an outgrowth of several agencies which were first consolidated into the Veterans' Bureau in August 1921 and later, on July 3, 1930, combined with other agencies to form the present structure. The potential load of veterans it was designed to serve was slightly less than 5,000,000. Now it faces a clientele which may well number 18,000,000 before the war is over. Most certainly the enterprise should be revitalized and expanded immediately to assure the veterans of this war the finest and the best in medical and hospital treatment and in the claims and other services.

Advocacy to that end was started by our organization long before the present war. Particular reference is made to a declaration of policy by the then newly created Committee on Rehabilitation of Veterans in 1921. Here is what the early founders of this association of veterans said [reading]:

Your committee would feel that it failed in its duty if it neglected to remind the members of the Legion generally that the problems connected with the care of our disabled comrades have not yet been solved. Thirty thousand of them are today in hospitals, a greater number than at any time since the armistice. Acute diseases and minor injuries have been successfully dealt with, but of those in hospitals today a large majority are suffering from serious disorders which may result in their death or in lifetime invalidism. While others may tire of the burden imposed

by the care of these men and popular interest grow cold, the American Legion must never permit its interest to diminish or its energies in their behalf to flag until to the last one has been brought all the resources that modern science can provide for the cure or amelioration of the diseases from which they suffer. However the Legion might succeed in other activities, it will fail if we do not continue to discharge our obligations to these comrades.

From that time on through the hectic days preceding the organization of the Veterans' Bureau, the beginning of the hospital construction program, the passage of the World War Veterans' Act, the decentralization of activities to districts and regions throughout the country, the further reorganization into the Veterans' Administration, the days of the Economy Act and its tragic results, and during the decade since that time, this committee has functioned intimately and diligently in the cause of disabled veterans.

At the Los Angeles convention in September 1938, at a time when it seemed that reorganization and consolidation of Federal agencies might adversely affect the Veterans' Administration, the American Legion said this:

Whereas it is the belief of this committee that the Veterans' Administration should remain an independent agency; and

Whereas the combining of Veterans' Administration activities with those of other Government agencies doubtless will result in less effective service to the disabled; and

Whereas the great inconvenience, and even hardship, may result through chaos and uncertainty incident to the combining of Veterans' Administration activities with other Government functions; and

Whereas it is the desire of our organization to protect the disabled and to avoid any possibility of their suffering unnecessary hardships: Be it therefore

*Resolved*, That the American Legion in twentieth annual convention assembled in Los Angeles, September 19, 20, 21, and 22, strenuously oppose any plan that would take away from the Veterans' Administration the independence it now enjoys or any move that would place any of its hospitals or facilities under the jurisdiction of any other Government agency or department.

It is our judgment that maintaining the independence and individuality of the Veterans' Administration has found favor with the veterans themselves, with Congress, and with the American people.

Referring now to the medical and hospital service in particular, we would like to present first for the record and for the consideration of the committee a summary of resolutions and recommendations extending from the fall of 1940 up to the present time.

The last peacetime national convention held at Milwaukee just before Pearl Harbor considered and passed the following mandate:

*Resolved by the executive committee of the National Rehabilitation Committee*, That a complete reorganization be made by the Veterans' Administration of its Medical Service; and be it further

*Resolved*, That in the process of reorganization of the Medical Service of the Veterans' Administration that the following items of importance be considered:

1. A change in the direction and supervision.
2. Coordination and stabilization of all related services.
3. A more liberal delegation of authority to managers of field stations in the administration of the medical program.
4. The improvement of supervisory services of central office to eliminate duplications and the establishment of a new system, group or otherwise.
5. A revision of the present table of medical organization to provide for the replacement of those presently in the armed forces and to increase personnel in facilities where inadequacies now exist or may develop in the future based on the individual needs of each station without regard to present ratio system.
6. The establishment of an improved system of promotion and transfer of medical and allied personnel based on merit and the dismissal from the service



of admitted inefficient personnel instead of the present policy of transfer and further provisions for an adequate retirement basis for aged and disabled personnel.

7. Adequate training of specialists in various fields where the need for such specialists appears necessary.

I think it is significant that these expressions, made before the present war, have been largely substantiated by the findings of the current survey. We invite the attention of the committee members to the record of the Legion's presentation of these suggestions; the extensive studies and analyses which were stimulated by them, and the findings of the Administrator's Referee Committee and the subcommittee of the Medical Advisory Council. These findings point quite definitely to the need for change in the operation and control of this highly important branch of Veterans' Administration activity. Although some good was accomplished, the fundamental arrangement still remains.

By way of summation of what has been advocated during the past 5 years, we invite the attention of the committee to the following statement:

1. The Veterans' Administration and its services are created by law for the purpose, first and foremost, of administering laws and regulations in behalf of veterans, and not for special groups, units or individuals.

2. The medical and hospital service of the Veterans' Administration is of such importance and proportions that it should be headed up by an outstanding man of medicine whose rank and status should be equal to that of Assistant Administrator.

3. There should be an inspired medical and hospital service, with more personal and bedside practice of medicine.

4. The positions and classifications should be upgraded.

5. Encouragement, authorization, time, and facilities should be afforded to the doctors of medicine, surgery, and dentistry for clinical or laboratory research, for attendance at appropriate professional meetings, and for contributions to the literature for advancement of medical science.

6. Chief medical officers and clinical directors should be given greater authority to run their hospitals.

7. The supervisory services of the central office should be coordinated so as to eliminate duplications and reduce to a minimum interference with the orderly functioning of these hospitals.

8. Special and meritorious services of individual doctors should be recognized through an improved system of promotion, and ineffective and disinterested personnel should not be retained.

9. Due recognition should be accorded the auxiliary activities, to the medical and hospital service, with the consequent upgrading thereof.

10. There should be a Medical Advisory Council of independent physicians and surgeons, meeting at regular intervals upon its own motion and not necessarily subject to call by the Veterans' Administration. This council to be open to presentations and recommendations by recognized veterans' organizations through their medical consultants, medical advisory boards, and designated officials.

11. There must be a revitalized program whereby the advancement and progress in medicine and surgery made by the armed services

during this war shall be inherited and maintained by the Veterans' Administration to the end that war veterans shall have the best science has to offer for their care and treatment.

Proceeding to the development of this challenging subject, we come to the meeting of the executive committee of the National Rehabilitation Committee held in Chicago, Ill., on June 1-2, 1945. There the committee again went over all of these matters and came out with the following resolution, which is still to be passed upon by the National Executive Committee:

Whereas the American Legion has from the very beginning advocated and fought for an independent Veterans' Administration, as expressed in resolution 98, Los Angeles Convention, 1938; and

Whereas there are plans for the consolidation and reorganization of Government bureaus and other offices which may affect the status of the Veterans' Administration; and

Whereas the original Veterans' Bureau and its successor, the Veterans' Administration, were instituted to handle the affairs of less than 5,000,000 men; and

Whereas the country will eventually have a potential veteran group of some 18,000,000 men and women; and

Whereas the stupendous program and load which that agency is now carrying and will continue to carry for many years to come require strengthening and expansion of its activities, with continuance of a status free from amalgamation, consolidation, or inclusion in any other Government department or branch: Therefore, be it

*Resolved by the National Rehabilitation Executive Committee of the American Legion, in meeting assembled at Chicago, Ill., on June 1-2, 1945, That the American Legion advocate and actively support:*

1. The continuance of the Veterans' Administration as an independent governmental agency, responsible and accountable direct to the people of this country through the United States Congress and the President;

2. That the services and divisions of the Veterans' Administration be promptly enlarged and reorganized to the end that the ever-increasing load which it faces be handled with promptness and efficiency; and be it further

*Resolved, That the American Legion continue its all-out efforts to obtain further authority and decentralized procedure for all regional offices and facilities; and that regional offices are separated from combined facilities and established in downtown and work-load areas, to the end that service to the veterans and their dependents may be expedited and made more efficient.*

As an addendum to this resolution and in support thereof, the National Rehabilitation Executive Committee offered these suggestions for the recommended expansion and realinement of the operating divisions of the Veterans' Administration:

1. Administrator of Veterans' Affairs.
2. A Deputy Administrator of Veterans' Affairs.
3. An outstanding man of medicine to be an assistant administrator or official of equal status, to head up the medical, surgical, clinical, dental, hospital, and domiciliary services.
4. An assistant administrator to head up all insurance activities, with establishment of an insurance unit in each of the regional offices throughout the country.
5. An assistant administrator at the head of the services of finance, loan guarantees, and readjustment allowances.
6. An assistant administrator for vocational training, rehabilitation, and education activities.
7. An assistant administrator to head up the adjudication of compensation, pension, and retirement claims.
8. An assistant administrator at the head of the services of construction, supplies, and contracts.
9. The decentralization of the Board of Veterans Appeals to area boards of appeals.

10. The continuance of the legal, guardianship, personnel, budget, contact and other administrative activities in conformity with this new alinement and expansion.

Finally we come to the current survey. The response of department commanders and their coworkers to the call of National Commander Edward N. Scheiberling for a study and report of each Veterans' Administration hospital has been most satisfactory. It should be pointed out that the department commanders and those who assisted them in the visitations are "folks" the same as are other veterans, whether of World War I or World War II. They know their States, the people therein, and the officials and employees at these hospitals. At the same time they are ever vigilant to the cause and interest of the hospitalized man or woman and the folks back home. They have been frank in their appraisal, noting the faults, deficiencies, inadequacies in equipment, personnel, and procedure. With equal frankness they have expressed themselves as to the favorable findings and impressions. Everything considered, the consensus of all these reports may be expressed in the words: While the veterans of this war and their families should have no cause to worry or be concerned over the treatment received in Veterans' Administration facilities, there have been instances of neglect and there are changes which should be made to bring the standard of medical and hospital service to the highest point. Herewith, a summary of the criticisms:

1. Insufficient number of doctors, nurses, and other employees.
2. Additional beds required immediately to relieve crowded conditions in some hospitals, and to prepare for the future load.
3. More authority to chief medical officers and clinical directors to operate their hospitals and to obtain required help.
4. Encourage doctors to participate in medical clinics, meetings and symposiums, and authorize the attendance of appropriate numbers to State and National medical gatherings at Government expense.
5. Stimulate real research and postgraduate work into those branches of medicine pertaining to the prevailing diseases and disabilities suffered by war veterans.
6. Upgrading and reclassification of hospital and all Veterans' Administration employees, especially those in the lower brackets.
7. Increase and improve recreational facilities for World War II patients.
8. Increase space for canteens and improve the efficiency of operation thereof.
9. The contact service should be enlarged.
10. Relieve doctors of details connected with paper work, records, and other administrative matters, to the end that they have greater opportunity to practice bedside medicine.
11. Appropriate segregation of veterans both as to groups and as to all kinds of ailments.

In conclusion, we frankly state that with the wealth of clinical data in practically all fields of medicine which will be available to doctors of the Veterans' Administration; with the inspiration of the advancement made in medicine and surgery during this war, and with an abiding interest in the rehabilitation and welfare of war veterans, we must not, we cannot, permit of any standard of medi-



cine, or medical and hospital care in these hospitals than the highest and best in this or any other country—equal to that in Mayo Clinic or at Johns Hopkins.

The CHAIRMAN. Mr. Kraabel, do you agree with Colonel Taylor that we should have some legislation at an early date?

Mr. KRAABEL. I do, indeed so.

Mr. CUNNINGHAM. May I ask a question?

The CHAIRMAN. Go ahead.

Mr. CUNNINGHAM. May I ask, in your investigation, if you ever came to any conclusions as to what is wrong with the hospitals, whether there is something wrong with the hospitals, something wrong here in Washington, or both?

Mr. KRAABEL. I think from my own experience, and substantiated by the findings of our department commanders it lies first in the lack of sufficient medical and nursing personnel. Secondly, the absence of an inspiration to carry on what they have to do with the finest group of patients anybody can have.

Mr. CUNNINGHAM. In your estimation, how can that best be corrected?

Mr. KRAABEL. I think an outstanding man of medicine with rank commensurate with the importance of the work should head up the whole enterprise.

Mr. CUNNINGHAM. That would be in line with the chairman's bill now before this committee.

Mr. KRAABEL. As to the bill the organization has not expressed itself, but we have thoughts along the same line, not completely embodied in the bill.

The CHAIRMAN. You have not had a Legion convention since the bill was presented, have you?

Mr. KRAABEL. We have not had even a committee meeting to pass upon it.

The CHAIRMAN. Mr. Allen.

Mr. ALLEN. Mr. Kraabel, what is the substance of your statement about an appeal board?

Mr. KRAABEL. That is not related to this survey?

Mr. ALLEN. I thought you had something about it.

Mr. KRAABEL. That is right. We had it in as a suggestion for the reorganization of some of these operating bureaus of the veterans' organization.

Mr. ALLEN. You suggested decentralization.

Mr. KRAABEL. They have been doing that in the last few months, Mr. Allen. They have sent out a group of veterans' appeals and traveled through the West and South and the New England States and they have heard the appeals here when—where the boy lives. And we understand it has worked out pretty well.

Our friends on the Pacific coast for years past have asked for boards of appeal in that particular part of the country.

Mr. ALLEN. Is that a separate division?

Mr. KRAABEL. The only division within it is created by law and that is a board of veterans' appeals that has in full strength 10 units of 3 each.

The CHAIRMAN. Mr. Kraabel, do you think the recommendation you make here will cure whatever you found wrong with these hospitals?

Mr. KRAABEL. I would not be naive enough to think it would cure everything. We have still some suggestions which we think will go a long way to remedy the situation now facing us.

The CHAIRMAN. The legislation you recommend on this report of yours you think will go a long way toward correcting whatever evils you found?

Mr. KRAABEL. Most of these 11 points, Mr. Chairman, should be done, I believe, administratively.

The Administrator of Veterans' Affairs may come to you for congressional action on one or two of the jobs.

The CHAIRMAN. Now, of course, we have a new Administrator, and he will be here in a day or two. I asked him to take this pending legislation with him that I was talking about and read it on his way and let us have his reaction when he returns. But, of course, whatever is done by administrative action will come through him and the President. We are interested in what we can do on this committee, to correct these conditions in veterans' hospitals.

Mr. KRAABEL. I am aware, Mr. Chairman, of the desire of the committee, and all of us to implement the hospital service by some endorsement by Congress and, as I say, we are studying this bill of yours. We are not permitted to express ourselves on it until we are instructed to.

Mr. ALLEN. Would you not expedite it if you had, instead of one central board in Washington—if you had a board in each State, a board of appeals, I am talking about, in each State, to go out and see the situation.

Maybe the man should appear before it if it is a very extreme case, present his problems.

Mr. KRAABEL. That is the principle that has been served in part by the travel units.

Now, as to a permanent board of appeals locally, I do not think it would satisfy the appellant. They like to have their final appeal before the Administrator. I think they should have that, but there are many hearings that should be conducted in the field where the men themselves could come, or their representatives and taken before a part of the board of appeals that has jurisdiction, reserving the rights of final review to the Administrator here in Washington.

Mr. CUNNINGHAM. It reserves the final appeal to be set here in Washington. If you do that, I do not think you will settle anything.

Mr. KRAABEL. There are many of those appeals that have been settled in the field.

Mr. CUNNINGHAM. But notwithstanding, as I understand your recommendation, they would like the final appeal to be in Washington?

Mr. KRAABEL. Well, we do like to have the final appeal here. Where would you like to have it?

Mr. CUNNINGHAM. If it can be reviewed in Washington, you never know the end of it until the Supreme Court has passed on it, and it is a continual delay, I think, and that is what has irritated the veterans. He can be dying while we are waiting.

Mr. KRAABEL. Well, the experience has been, Mr. Cunningham, that these traveling boards have settled issues out in the field, much more rapidly.

Mr. CUNNINGHAM. As long as you leave the door open you still do not know whether it is settled.

The CHAIRMAN. What can you take away from the veterans? Can you take away his right of appeal?

Mr. CUNNINGHAM. Yes——

Mr. KRAABEL. He is very secure in that, he really wants it.

Mrs. ROGERS. Mr. Kraabel, it seems to me that the Administrator or head of the Veterans' Administration will never be able to really accomplish very much unless he is given authority such as is given to a Cabinet member.

Mr. KRAABEL. Cabinet rank?

Mrs. ROGERS. Then he can sit in the Cabinet and see the President all the time; he can get personnel from different departments.

Mr. KRAABEL. We are not committed to that, Mrs. Rogers.

Mrs. ROGERS. I know, but I would like to get your personal view.

I think you are going to give General Bradley the most difficult position in the Government with the exception of Secretary of War and the Navy during the war, and I think he should have authority to act.

Mr. KRAABEL. I think he should have the largest authority that an independent agency can have, but I am not committed to Cabinet rank.

Mrs. ROGERS. For years I have wanted to have the medical man with sufficient authority, and a surgeon general rank would give him that authority.

Mr. KRAABEL. I think he would have the authority as an independent agency.

The CHAIRMAN. That would start a political row, if we admitted him to the Cabinet.

Mrs. ROGERS. I think we must have it to get the things we need for these 15,000,000 men.

Mr. Kraabel, it seems to me you make no criticism or make no report of your investigations in different stations.

Mr. KRAABEL. Oh, we have them in detail on the different hospitals.

Mrs. ROGERS. Are you going to give them to us?

Mr. KRAABEL. Yes.

Mrs. ROGERS. When?

Mr. KRAABEL. Whenever the counsel calls for them.

Mr. McQUEEN. I intended to follow this with it. You are voting now to bring someone in here on Thursday, so I cannot do it now.

Mr. DOMENCEAUX. Now, do we not just insert it in the record?

Mr. ENGLE. I would like to have a chance to see the report, if there is no objection.

Mr. KRAABEL. No, indeed. I understood we were to give the statement of each one of the three organizations, then we were going into details.

The CHAIRMAN. All right. If it will suit you, the Veterans of Foreign Wars, they want to get their statement in. And these gentlemen will be called back.

Mr. HUBER. I was under the impression that the gentlemen of the service organizations were going to testify this morning as to what they found wrong.

I appreciate most of this is with reference to legislative matters, but I would like to know what the gentlemen in the Legions have specifically found wrong with any of the facilities.



Mr. KRAABEL. Mr. Huber, may I say I understood each one of us was to give his formal testimony before noon and we are to be called back for a detailed report?

Mr. ENGLE. Can you give us a copy of your recommendations? I understood you made 11 points?

Mr. KRAABEL. Oh, yes; they are here.

Mrs. ROGERS. Did you find the conditions in the main good or bad? I think we should have that.

Mr. KRAABEL. I think the findings of the department commanders have shown on an average good hospitalization, reserving that there have been instances needing correction, that have been corrected and still pending correction.

Mr. PETERSON. But there is still crowding in many areas, is that not true?

Mr. KRAABEL. Yes, sir.

Mr. ALLEN. Now, pending your further report, will these reports that you have be available to the members?

Mr. KRAABEL. They will be given to counsel. Photostatic copies of the actual reports will be given to counsel.

The CHAIRMAN. They will be subject to the inspection of any member of the committee.

Mr. McQUEEN. I do not have those copies.

Mr. KRAABEL. I am going to bring them to you.

Mrs. ROGERS. Who prepared those 27 questions?

Mr. KRAABEL. The three veterans' organizations prepared those 27 questions.

Mr. SCRIVNER. Mr. Chairman, will those copies be available today without reading the record?

The CHAIRMAN. Yes.

Mr. KRAABEL. Yes.

The CHAIRMAN. Thank you, Mr. Kraabel.

#### STATEMENT OF OMAR B. KETCHUM, NATIONAL LEGISLATIVE REPRESENTATIVE, VETERANS OF FOREIGN WARS OF THE UNITED STATES

The CHAIRMAN. Mr. Ketchum, of the Veterans of Foreign Wars, desires to be heard.

To the members who do not know him, I want to say this is Mr. Omar B. Ketchum, the legislative representative of the Veterans of Foreign Wars.

Mr. KETCHUM. Thank you, Mr. Chairman.

The CHAIRMAN. You have a splendid radio program. We are not intimating that you are broadcasting.

Mr. KETCHUM. You may think this is a broadcast before I complete it.

May I be sworn?

(Mr. Ketchum was sworn by the chairman.)

Mr. SCRIVNER. What State are you from?

Mr. KETCHUM. The great State of Kansas.

The CHAIRMAN. You may proceed, Mr. Ketchum.

Mr. KETCHUM. Mr. Chairman and members of the World War Veterans Committee, on March 12, 1945, Senior Vice Commander in

Chief Joseph M. Stack, of Pittsburgh, Pa., representing Commander in Chief Jean A. Brunner of the Veterans of Foreign Wars of the United States, was called to Washington to confer with the Administrator of Veterans' Affairs at the invitation of the Administrator. The conference was in connection with newspaper and magazine articles charging mistreatment and neglect of veterans who were patients in Veterans' Administration hospitals.

The Administrator of Veterans' Affairs invited the Veterans of Foreign Wars, through Senior Vice Commander in Chief Stack to make a searching survey and investigation of all, or as many, veteran hospitals, as it could normally and reasonably accomplish and report the findings to the Administrator at its earliest convenience.

At this point, Mr. Chairman, I should like to make clear to this committee that the Veterans of Foreign Wars is not specifically a World War I veterans organization. Our membership numbers approximately 1,000,000 members, of which over 600,000 are World War II servicemen or veterans.

The invitation was accepted and on March 15, 1945, a letter over the signature of Commander in Chief Jean A. Brunner was sent to every department commander of the Veterans of Foreign Wars in the 48 States requesting that officer to make or cause to be made, a survey and investigation of every Veterans' Administration hospital in his State. A copy of the letter from Commander in Chief Brunner is herewith submitted for the records.

The CHAIRMAN. Is that the one signed by Casey Jones?

Mr. KETCHUM. No. The March 15, 1945, letter from our commander in chief went to every department commander, urging them to make this investigation in their State.

I do not want to take up the time to read it.

The CHAIRMAN. Without objection, it will be inserted into the record.

(The letter referred to follows:)

MARCH 15, 1945.

MY DEAR COMMANDER: Because of recent widespread publicity unfavorable to the Veterans' Administration hospitals, Brig. Gen. Frank T. Hines, Administrator of Veterans' Affairs, called a meeting of the national commanders of the three major veteran organizations to meet with him in Washington on March 12, to discuss the question. At this meeting General Hines invited each organization to make an independent investigation of all Veterans' Administration hospitals throughout the country.

In order to get the facts impartially, and present them to the Congress, and the veterans themselves, as well as the public, your commander in chief of the Veterans of Foreign Wars of the United States, along with Edward N. Scheiberling, national commander of the American Legion, and Milton Cohn, national commander of the Disabled American Veterans, agreed to undertake a complete independent survey of all hospitals of the Veterans' Administration. The managers of the hospitals and facilities are being instructed by General Hines to give all necessary assistance in making this survey. The investigators should report the facts honestly and fearlessly as they find them.

You are, therefore, requested, as department commander, to make a survey of the hospitals within the jurisdiction of your department at the earliest possible date. It is suggested that where possible you use the services of your department service officer in making such a survey. You might also call upon the members of the national rehabilitation committee for assistance. Their names and addresses follow:

John L. Sullivan, chairman, attorney general, State capitol, Phoenix, Ariz.

Dr. Meredith I. Samuels, 839 King Street, Wilmington, Del.

William A. Garvey, 4370 Grace Avenue, New York City.

John Walker Jones, 2022 South Thirty-fifth Street, Milwaukie, Oreg.

Otto A. Silvers, 16595 Braile, Detroit, Mich.

Basil Stockbridge, 38 Capitol Square SE., Atlanta 3, Ga.

Dr. D. F. Monaco, Post 3038, Gallup, N. Mex.

Dr. John C. Cornell, 5005-A Gravois Avenue, St. Louis, Mo.

Henry A. Giegold, 22 Cooper Avenue, Dunmont, N. J.

Francis X. Cotter, 19 Hutchinson Street, Dorchester, Mass.

Edward K. Inman, 44 G Street NE., Washington, D. C.

Attached is a list of questions which it is believed will bring out all pertinent information. It will be greatly appreciated if you will follow these questions, and give the answers in the same numerical order.

It has been agreed to by myself, and the national commanders of the other organizations above mentioned, that the request for this survey be sent to the department commander of each organization at the same time. Also, that where it is convenient or feasible, the department commanders of the three organizations get together and make the survey jointly. It was further agreed that each national commander would request of the department commanders that none of the results of the survey would be given to the local press for publication until all of the reports have been consolidated to give us a better picture of the over-all situation.

After your survey has been completed it should be addressed to me, in care of Casey M. Jones, national service officer, VFW, 612 Tower Building, Washington 5, D. C.

In order that persons giving information as to conditions in the hospitals might have every protection this is to advise you that any statement made by an individual by name will, upon request, be kept in the strictest confidence by the Veterans of Foreign Wars.

Yours in comradeship,

JEAN A. BRUNNER, *Commander in Chief.*

Mr. KETCHUM. Attached to the letter from the commander in chief was a list of 27 pertinent questions to be answered by the departments in making the survey. The 27 questions, copy of which is submitted herewith for the record, were developed in cooperation with other veteran organizations and were intended to anticipate, insofar as humanly possible, the most vital points relative to adequate care and treatment. The departments were requested, upon completion of the survey, to send their reports and the answers to the 27 questions to the commander in chief, in care of the national service officer, located in Washington, D. C. Reports from 39 States involving 78 Veterans' Administration hospitals have been received, analyzed, and evaluated by National Service Officer Casey M. Jones and his staff.

One more State, Idaho, reported yesterday, but is not included in the summary presented herewith because of lack of time.

The 27 questions referred to if agreeable are submitted——

The CHAIRMAN. Without objection, it is so ordered.

(The list of questions referred to follows:)

LIST OF QUESTIONS TO BE ANSWERED IN NUMERICAL ORDER AS TO EACH HOSPITAL AND COPIES IN TRIPPLICATE FURNISHED THE COMMANDER IN CHIEF

1. Are there any general or specific complaints on the medical treatment and hospital care received by the patients? If so, please describe briefly.
2. Has remedial action been taken by the Veterans' Administration in those cases or others which may have been previously reported?
3. What is your opinion of the relative standards of treatment in the veterans' hospitals as compared to the State, county, and municipal institutions in the same area?
4. Do the manager, chief medical officer, and/or clinical director feel they have sufficient authority to run the hospital as efficiently as they might desire?
5. Do they feel that there are undue restrictions and regulations under which they must function? If so, kindly specify in what way.



6. Do they feel they have sufficient authority and latitude to employ competent doctors, nurses, and attendants?
7. Do they have encouragement and support in research, in participating in clinical meetings, symposiums, medical lecture courses, etc.?
8. What definite complaints, if any, are there as to the quality, quantity, variety, and preparation of food in the veterans' hospitals?
9. Have there been or are there any specific cases of alleged abuse or neglect of patients?
10. Are the recreational facilities adequate?
11. Is the canteen service satisfactory, and are the prices charged veterans reasonable? If not, please describe.
12. Are the medical equipment and clinical arrangements satisfactory?
13. Are the periods of hospitalization proper? Too long? Too brief?
14. Do patients feel they are required to remain in receiving wards too long before complete examinations and treatment are started?
15. How about cleanliness and neatness in the buildings and on the grounds?
16. Is it felt that the discipline and morale of the patients are satisfactory?
17. Are the transportation facilities to and from the hospital adequate?
18. Is the contact service considered satisfactory and adequate by the VFW?
19. How does the ratio of patients to full-time physicians and surgeons, nurses, and attendants in the veterans' hospital compare to that in State, county, and municipal institutions?
20. Are the patients too crowded? Is there sufficient floor space per patient?
21. How do they find the discipline and morale of the hospital personnel? What are their complaints, if any?
22. What is your recommendation as to type and number of additional beds that may be required for the new load?
23. What percentage of the patients are leaving the hospital against medical advice? Why?
24. Could better personal care be furnished with staff aide program of Wacs trained in hospital routine, thus relieving nurses for more important duties?
25. What percentage of patients without dependents leave the hospital against medical advice due to the reduction in pension while being hospitalized?
26. Are there any complaints on the part of the patients regarding the lack of information given them as to their physical condition and advice as to future treatment upon being discharged from the hospital?
27. What general or specific recommendations would you offer as to the medical treatment and hospital care of veterans in Veterans' Administration facilities?

Mr. KETCHUM. The analysis and evaluation of the 78 individual surveys has been summed up in a letter dated June 12, 1945, to Brig. Gen. Frank T. Hines, Administrator of Veterans' Affairs, over the signature of Casey M. Jones, national service officer, Veterans of Foreign Wars. A copy of the June 12 letter to General Hines has been made available to this committee, through its counsel, Mr. Joseph McQueen.

Those letters have been distributed to the members of the committee, that particular letter.

In addition to the evaluation, 11 recommendations for improvement of medical care and treatment in veterans hospitals have been advanced as a result of the analysis of these investigations.

In an effort to expedite the work of this committee and out of respect to the demands on their time, the presentation of the Veterans of Foreign Wars will be confined to the summary of a valuation and recommendations made in the letter to General Hines, from National Service Officer Jones. Complete copies of each of the surveys of the 78 hospitals have been furnished to this committee, through your counsel, and to the Administrator of Veterans' Affairs, and are available for discussion and questions if the committee should decide that any or all individual reports should be examined. The letter to General Hines,

copies of which have been provided members of this committee, reads as follows:

VETERANS OF FOREIGN WARS OF THE UNITED STATES,  
NATIONAL REHABILITATION SERVICE,  
Washington, D. C., June 12, 1945.

Gen. FRANK T. HINES,  
*Administrator of Veterans' Affairs,*  
*Veterans' Administration, Washington, D. C.*

MY DEAR GENERAL HINES: In compliance with your request of March 12, made to Jean A. Brunner, commander in chief of the Veterans of Foreign Wars of the United States, for an independent survey of conditions in Veterans' Administration hospitals, there is submitted herewith a report of survey covering 78 hospitals.

The survey was conducted by officials of the VFW on the State level, and analyzed and evaluated by the FVW national service officer. A copy of all such reports with a brief resume of same has been furnished to the Honorable John E. Rankin, chairman, World War Veterans' Committee.

The CHAIRMAN. You say 78? Your letter shows 75.

Mr. KETCHUM. That should have been the same in there. We have increased that to 78 since this was mimeographed. It is 78 now, instead of 75.

The report covers 39 States, and I will not read those.

The CHAIRMAN. Your statement will contain that?

Mr. KETCHUM. Yes. [Reading:]

Surveys have not been received from Arkansas, Idaho, Kansas, Maine, Minnesota, and South Carolina.

The reports clearly show the dire need for construction of a large number of new facilities, and the desperate shortage of trained medical and service personnel. Management of the hospitals, both in the Veterans' Administration central office and in the field, is subject to considerable apparently justified criticism.

Unconfirmed allegations of abuse and mistreatment of veteran patients appear in the individual State surveys. While our over-all survey discloses only one hospital where substantiated cases of mistreatment is shown, there are too many instances of alleged mental and physical abuses cited for the VFW not to demand an immediate investigation of each charge by an impartial authoritative body.

It is our recommendation, therefore, that the World War Veterans' Committee of the House set in motion an undercover probe, assuing immunity to both Veterans' Administration personnel, and veteran patient compliants. Such a probe would do well to give the most careful scrutiny to conditions reportedly existing in neuropsychiatric hospitals, starting with Northport, Long Island, N. Y., where shocking examples of abuse of patients has been reported.

And may I suggest at this point, Mr. Chairman, there seems to be some question as to who is competent to make such an undercover investigation, and it is a suggestion of ours that perhaps investigative agencies of the Federal Government such as the FBI might well be employed to make that particular type of investigation.

The CHAIRMAN. Let me say at that point, Mr. Ketchum, that I have discussed this with the FBI and he has told me it is the policy of the FBI not to investigate other governmental agencies.

The FBI furnished me names of expert investigators, and I sent them all telegrams, and they all declined, they had positions it seems, that paid them better than they thought this would pay them, and they declined.

None of them, however, were medical men.

Mr. KETCHUM (reading):

It is of interest to note that in those hospitals where there are many complaints, and proved shortcomings, the managers and their staffs complain of too

much red tape, and too little delegation of authority from the central office. In those hospitals where few or no irregularities are reported the managers and their staffs feel they have sufficient authority to run their hospitals efficiently. This would indicate that there has been a lack of care in the selecting of personnel where the primary requirement is one of sound management. That is, before managers were appointed they had not demonstrated they had administrative ability, and an over-all knowledge of the operation of a hospital. This would also indicate that there was a lack of on-the-spot field supervision carried out by central office.

The general over-all analysis of those hospitals in which a survey was made follows:

Forty of the seventy-five hospitals are given a comparatively clean bill of health.

I will not take the time now to read the list of the 75 hospitals.

Unconfirmed reports of alleged mistreatment, neglect, and abuse of patients is charged.

On this is listed these hospitals where we have those reports.

The CHAIRMAN. That is unconfirmed reports of alleged mistreatment of patients?

Mr. KETCHUM. That is right. It is charged to the hospitals. And they are listed there. [Reading:]

Mistreatment, neglect, and abuse of patients, it is believed, is clearly established in Northport, Long Island, N. Y., hospital.

The CHAIRMAN. Now, is that the only hospital where you found such treatment clearly established, in your opinion?

Mr. KETCHUM. I wanted to cover that, Mr. Chairman, at the end of my statement, to show that these reports came to us from our departments.

Neither Mr. Jones nor myself have any personal knowledge of this, because they were submitted by our department officers.

The only one we have is the Northport Hospital. The others came from our department officers.

Mr. KEARNEY. That is bad, is it not?

Mr. KETCHUM. Yes. [Reading:]

Unsatisfactory conditions in numerous categories are reported in the following hospitals—

and there is listed the hospitals—

These individual reports further show that overcrowding exists in 38 hospitals. Thirty-three report a shortage of physicians; 30 lack an adequate number of nurses, and 28 require more attendants.

In 12 hospitals the food is found unsatisfactory, and additional kitchen equipment is needed for 5 hospitals. Sixteen canteens are found unsatisfactory or inadequate; sanitation is deplored in four facilities.

Few shortages of surgical and medical equipment are reported. In four surgical equipment is lacking or obsolete. In six more medical supplies are sought. More adequate clinical facilities are asked for nine facilities.

Lack of recreational facilities is cited in reports in nine hospitals.

Alleged mistreatment, neglect, and physical abuse of patients is charged by patients in investigations of 14 hospitals.

Unsatisfactory medical treatment is charged against six hospitals. In 12, serious delay in admission of patients is reported, and 3 investigators criticize posthospitalization contact service. Out-patient service is found inadequate in 8 hospitals, and in 14 localities inconvenient transportation to facilities is cited.

Mrs. ROGERS. Mr. Ketchum, I think it would be very helpful if we could have a break-down of those hospitals where you found a lack of medical care.

Mr. KETCHUM. Those are listed in the individual reports.



Mr. PETERSON. And in some instances you have corroborative evidence?

Mr. KETCHUM. Yes.

Mrs. ROGERS. They will be in your report?

Mr. KETCHUM. Yes. Everything we have is now in the possession of the committee.

Mrs. ROGERS. Could you give the hospitals where you found this lack of medical treatment? Because that is vital.

Mr. KETCHUM. Mr. Jones could give you that complete information. If you will let me finish the over-all report, and then you may have the specific information on any hospital you may choose.

Mrs. ROGERS. Yes.

Mr. KETCHUM (reading):

"Too much red tape" affects the operation of 13 hospitals.

Only in one facility, Fargo, N. Dak., is inadequate housing of the hospital staff reported.

An analysis of these reports of survey prompt the Veterans of Foreign Wars of the United States to make the following 11 recommendations.

1. Establishment of an independent board of review to hear complaints concerning the operation of hospitals and the treatment accorded veterans and report direct to the Administrator of Veterans' Affairs. This board would not be responsible under the law to any operating division of the Veterans' Administration. This, it is believed, would permit hospital personnel and patients to offer constructive criticism without fear of reprisals.

The CHAIRMAN. That would have to be settled by the Administrator.

Mr. KETCHUM. Well, either the Administrator or Congress.

Mr. ALLEN. That will be by an act of Congress.

Mr. KEARNEY. Why not have the reports directed to Congress?

Mr. KETCHUM. Well, you see our point is to have some independent group which is not under the complete jurisdiction of the Administration to which this report should be made.

Mrs. ROGERS. You feel that is true?

Mr. KETCHUM. That is implied, based on surveys.

Mrs. ROGERS. I am very sure it is true.

Mr. KETCHUM (reading):

2. Higher pay for all hospital personnel, especially physicians, nurses and attendants, to attract, in some measure, the selection of those with the highest degree of skill and intelligence.

3. Authority to contract for hospital beds in State, municipal or private hospitals for the care of veterans of all wars where Veterans' Administration beds are not available. Such contracts would be discontinued when adequate beds are provided by taking over Army and Navy installations, or the construction of new hospitals by the Veterans' Administration.

The CHAIRMAN. That was included. Mr. Ketchum, in the bill we passed the other day.

Mr. KETCHUM. Yes.

The CHAIRMAN. It is now pending before the Senate.

Mr. KETCHUM. Fine. [Reading:]

Establishment of out-patient treatment centers in metropolitan areas removed from inaccessible veterans hospitals now carrying the burden of this service—

And that is a serious problem.

Mr. ERVIN. Mr. Ketchum, could you—may I interrupt you there, with reference to the doctors?

You say they should have higher pay. Do you say they should still be under civil service, or will that be a matter of contract with the Veterans' Administration?

MR. KETCHUM. Well, I do not know how civil service is operated in the professional branches. I know the lawyers have managed to keep themselves, to a large extent, out from under civil-service control.

Frankly, I think civil service is excellent for the average Government employee, but there are certain services that it seems to me—

MR. ALLEN. Well, the doctors now are under civil service.

MR. KETCHUM. I understand that they are.

MR. ALLEN. Well, do you feel that they should be taken out of civil service?

MR. KETCHUM. I am not prepared to answer the question now, Mr. Allen. What I would have to give you on that would be my own personal opinion, and not the opinion of the organization.

THE CHAIRMAN. If they shoved on to the Administration incompetent doctors, of course, their pay would not increase their competency, would it?

MR. KETCHUM. I would not think so.

THE CHAIRMAN. Do you not think we ought to have a medical corps that can select these doctors and pay them adequately?

MR. KETCHUM. We are considering that problem, to try and get some answers.

THE CHAIRMAN. That is one of the problems that I am insisting as far as I can that we deal with legislatively before we take any recess or summer adjournment.

MRS. ROGERS. Mr. Ketchum, are you willing to give your personal point of view?

MR. KETCHUM. I am afraid my own personal point of view might possibly embarrass the committee point of view later on, and I would prefer, Mrs. Rogers, to duck that question.

MRS. ROGERS. Have you studied the different hospital bills? There is one that is more or less simple—a more simple one than the Medical Corps bill, and I would like to have your suggestions.

MR. KETCHUM. My office was not opposed to the bill to give the veterans authority to obtain their needs without regard for civil service.

MRS. ROGERS. You and the Disabled American Veterans have endorsed from time to time a permanent nursing corps for the Veterans' Administration?

MR. KETCHUM. That is right.

MRS. ROGERS. You have endorsed my bill?

MR. KETCHUM. That is right. [Reading:]

More attention to be paid postgraduate courses for all physicians at stated intervals to assure the highest degree of medical skill, such courses to be at Government expense.

6. Outright firing of personnel found below standard, rather than the reported practice of transferring them to other veteran facilities.

7. Establishment of internship training at Veterans' Administration hospitals.

It has been our experience in the past if you do not correct legislation—

THE CHAIRMAN. On that point, Mr. Ketchum, you put your finger right there, on the main problem.

It does not cure a thing to transfer a doctor to another hospital to impose on some other veterans.

Mr. KETCHUM. That is right.

Mr. SCRIVNER. That is just the point I made last week.

Mr. KEARNEY. Mr. Chairman, under paragraph 6, does it mean outright firing of personnel if they are under civil service?

The CHAIRMAN. That is right. You have this dead weight and cannot get rid of it. You have to turn the fire on General Hines, and he is helpless to take care of the situation.

Mr. PETERSON. And one or two bad ones will give the whole hospital a bad reputation.

Mr. KETCHUM. That is right.

Mr. ALLEN. Should the Veterans' Administration be compelled to keep a doctor that the Veterans' Administration feels is incompetent?

Mr. KETCHUM. Absolutely not, Mr. Allen. I do not care what the rules and regulations are, if they have an incompetent doctor serving the men from the armed forces, that man should go.

Mr. ALLEN. Well, under the civil-service regulations are we not obliged to keep him?

Mr. KETCHUM. Well, I understand it may be a little difficult. You have to prefer charges.

Mr. ALLEN. You have to prefer charges and prove those charges and when you feel the doctor is incompetent, it is a job—you may not like to put that in writing.

Mr. KETCHUM. I agree with you on that.

Mr. ALLEN. Yes; that is right.

Mrs. ROGERS. Are you finished?

Mr. ALLEN. Yes.

Mrs. ROGERS. Your able and fine doctors in a Veterans' Administration should be given every support?

Mr. KETCHUM. Certainly, Mrs. Rogers. We agree on that.

There have been allegations that they have not been getting support, but on that the Veterans' Administration will probably have a lot to say.

Mr. SCRIVNER. May I ask one question on this personnel thing. Has it been your observation, too, that in many instances you may find medical men in these hospitals who, as far as their technical knowledge and skill is concerned, might not be subject to much criticism, but their attitude toward the veteran patients is such that it sets amuck their medical skill?

Mr. KETCHUM. That is right.

Mr. SCRIVNER. And you would want to go a little further in your recommendations, then, would you not, and not include merely those who are below medical—

Mr. KETCHUM. Those who are noncooperative and indifferent.

Mr. SCRIVNER. Many of the matters you have there have relation to doctors' attitude toward patients?

Mr. KETCHUM. That is right.

In other words, indifference and noncooperation.

Mrs. ROGERS. Have you found that any of them are afraid of reprisals?

Mr. KETCHUM. I have not, myself. I did not personally get out and visit these hospitals. Most of these recommendations come from our service officers in the field, and I will cover that in just a moment.



Mr. KEARNEY. There seems to be quite a difference of opinion, if the 75 hospitals are given a clean bill of health.

I call your attention here to Castle Point.

Mr. KETCHUM. I will check on that. They could not, of course, go into details in all of them. There may be some instances in each of those individual reports. [Reading:]

8. Restoration of full payment of compensation or pension to veterans undergoing hospital treatment irrespective of dependents. This, it is believed, will reduce materially the number of veterans leaving Veterans' Administration hospitals against medical advice.

Mrs. ROGERS. My remembrance is that the Veterans of Foreign Wars always worked against that provision of law.

Mr. KETCHUM. That is right.

Mrs. ROGERS. Did you go into the matter of the length of time it takes, too?

Mr. KETCHUM. What is that? I did not catch that.

Mrs. ROGERS. Did your department commanders go into the length of time that it takes or has been taking to have a case for compensation called?

Mr. KETCHUM. Yes, indeed.

Mrs. ROGERS. How long was that? One hundred and fifty days?

Mr. KETCHUM. I would prefer to have Mr. Jones answer that, because he worked it all out very carefully, and he has all the answers.

The CHAIRMAN. That No. 8 you just read here, there has been a good deal said about the proposition.

When Royal Johnson was chairman of this committee they found that a great many of these people would go from one hospital to another; they would go north in the summer time and south in the winter; filled your hospitals in the North in the summertime and in the wintertime they would go to southern California and so forth.

They were developing what is called hospitalitis, and there was a great deal of protest.

At that time it cost \$120 a month to hospitalize a veteran. And this change in the compensation of single men while they are in hospitals was made for that purpose.

The chairman of the committee at that time was Mr. Royal Johnson. He went over it carefully with veterans' organizations, and as far as I know, there was no complaint at that time, and it relieved a great deal of the pressure in hospitals where beds were badly needed by other patients.

Mr. KETCHUM. I agree, but I think it is unfair to penalize the veterans without dependents.

The CHAIRMAN. But the ones who have dependents; it is understood that compensation goes to take care of their dependents while they are in the hospital?

Mr. KETCHUM. Well, it is paid the veteran. Of course, if he does not spend it for that purpose—

The CHAIRMAN. Well, it is for that purpose. That is the reason the change is—the change was made back in the 1920's.

Mr. KETCHUM. There is serious consideration to be given that one particular point, that men are leaving the hospitals against medical advice because of the sharp reduction in compensation. That is what we discovered in the surveys.

Mr. PETERSON. I think you are right on that. I have had quite a few complaints.

Mr. ALLEN. One who has no dependents, the single man in hospitals, he gets what? About \$20?

Mr. KETCHUM. Well, if he is a service-connected and goes to the hospital, they give him \$20.

If he is a non-service-connected and goes to the hospital, he draws \$80.

He is reduced from \$80 to \$8.

Mr. ALLEN. Well, the hospital gets the difference?

Mr. KETCHUM. Well, the Veterans' Administration merely reduces him to that. I do not know whether it is credited to the hospital or not.

Mr. ALLEN. In other words, he does not get it.

Mr. KETCHUM. That is right.

Mr. ALLEN. Then if he has dependents, that difference goes to his family?

Mr. KETCHUM. Well, he continues to draw his compensation. I do not know whether the check goes to the family or not. The veteran continues to get his check.

Mr. ALLEN. If that is true, then, the single fellow is about the only one who is penalized.

Mr. KETCHUM. That is right.

They overlook the fact that many of these single men may have commitments on the outside. They cannot surrender all their commitments the minute they take hospitalization.

They have certain definite expenses, and immediately they begin worrying about the bills on the outside, to get their attention.

Mrs. ROGERS. They have to keep their room.

Mr. KETCHUM. That is right. They have to keep their supplies. [Reading:]

9. That NP patients suffering from functional nervous disabilities, such as psychoneurosis, war neurosis, hysteria, be treated in separate hospitals from those receiving treatment for psychosis.

10. That psychotic World War I and World War II patients be separated from each other in NP hospitals. It is obvious that the young physically vigorous World War II veterans are more difficult to restrain when hyperactive than are World War I veterans in the same condition. Many of these young men have been taught to kill the enemy with their bare hands.

11. Devote more attention to educating the veterans of the necessity of remaining in the hospital until he has completed his examination or treatment. Also devote more attention to the proper instructions and training of hospital attendants.

The CHAIRMAN. On that point of NP patients. You spoke about the patient being totally and permanently disabled. Well, if that is the case, a single man would probably be in the hospital for life, would he not?

Mr. KETCHUM. Not necessarily, Mr. Rankin. Not necessarily at all.

There are many men today rated totally and permanently disabled, both service-connected and non-service-connected, who circulate rather freely around the country, under the manner in which a man is rated.

He does not have to be bedridden to be rated totally and permanently disabled. Some of them are carrying on jobs.

Mr. KEARNEY. A lot of them are in war industries.

Mr. KETCHUM. That is right. [Reading:]

There is attached for your further information five mimeographed sheets of information showing the high lights of the findings contained in the survey and the detailed report and recommendations concerning the Northport, Long Island, N. Y., facility, made by Frank M. Whitaker, VFW department service officer for New York.

This reference to papers attached. I want to insert that in the record.

The CHAIRMAN. Yes.

(The papers referred to follow:)

VETERANS' ADMINISTRATION NEUROPSYCHIATRIC HOSPITAL,  
*Northport, Long Island, N. Y.*

GENERAL SUMMARY OF THE VETERANS OF FOREIGN WARS INVESTIGATION

SERIOUS SHORTAGE OF DOCTORS AND NURSES

The total number of 22 doctors and 46 nurses to care for 2,768 patients at this facility, presents a very serious problem. Doctors and nurses are worked on 3 shifts; no more than 6 doctors on duty at any one period; nor more than 8 nurses on any shift. The ratio is about 460 patients to 1 doctor and 1 nurse.

Because of this shortage, the manager admitted, the patients are not always able to obtain proper medical care and supervision when it is most required. And for the same reason, patients, in numerous instances, are compelled to remain in the hospital much longer than is necessary to keep them there. This facility is exclusively for mental patients and it was disclosed also that patients are not called before the staff as often as may be required to determine whether or not they are competent and oftentimes remain with a status of incompetent when they might otherwise be declared competent and well enough to be permitted to go home on convalescent leave.

SHORTAGE OF ATTENDANTS IS DANGEROUS

The shortage of attendants in the wards is not only serious, but is very dangerous, particularly in the violent wards. In one of these wards the committee found 48 violent patients in charge of 2 attendants. Those patients were seated in chairs packed closely together placed around three walls of the ward; several paces from the entrance to this ward was seated a patient, strapped in a strait-jacket, his forehead severely lacerated and bleeding. The doctor in charge explained, in reply to our question concerning the injury, that the patient had dashed across the room shortly before our arrival there, and crashed his head through the glass window. The windows in these wards are without protection on the inside, about shoulder height for an average man. In the hallway, just outside this ward, lay another patient on a bed, both wrists slashed and a deep gash in his neck just below the left ear; he was unconscious and apparently in a very serious condition. He had attempted his own life by slashing himself with pieces of glass from a broken windowpane, we were told. Other patients paced the ward in strait-jackets.

Similar conditions prevailed in the homicidal and suicide ward. Several patients showed severe cuts and scars of the hands, face, and head, caused by their smashing the windowpanes. In this ward there were 31 patients with 1 attendant. When asked why these windows were not protected by screens or wire mesh, the doctor in charge stated he had made repeated requests to have the windows enclosed, but for some unknown reason, his requests were either overlooked or forgotten.

On the grounds outside this building were strewn pieces of glass from the broken windows with no evidence that any attempt was made to sweep them up out of reach of the patients.

The committee is of the opinion that if there were a sufficient number of attendants assigned to this ward to assure proper supervision, many of the injuries to the patients could be prevented.



## BEATINGS AND ABUSE OF PATIENTS

When asked if there were any complaints or known instances where patients had been beaten or ill-treated, the manager informed the committee that 15 enlisted colored troops had been court-martialed and convicted of mistreating the patients, and 5 civilian employees are now facing criminal-assault charges for beatings administered to patients. These convictions were obtained, we learned, by three FBI agents who had been admitted to the facility as patients and produced evidence to convict. The manager also admitted that there were other cases of mistreatment which were not reported and that any man against whom a complaint for mistreatment is lodged is immediately suspended and the charges investigated.

Several patients were asked if they had knowledge of any mistreatment and answered in the affirmative, but were reluctant to go into detail. One patient, however, one Edward W. Fortune, whom we contacted in the infirmary, stated he had knowledge of numerous beatings, said he had no objection to his name being used concerning the allegations, and named several patients whom he alleges were beaten, witnesses to the acts, and several doctors who had knowledge of the incidents he related. He stated to the committee, in the presence of the ward doctor, that he had been confined to the facility for 16 months; had made numerous requests to contact an attorney, which were always ignored; had smuggled out a note to an attorney who succeeded in scheduling an appearance on a writ of habeas corpus before a Judge Stoddard, of Mineola, N. Y., to whom he had related the allegations he was then making to the committee. This patient was to appear at the Mineola court before Judge Stoddard a few days subsequent to our visit to the facility. The committee, however, has no substantiation of the allegations.

## PATIENTS INJURED FOLLOWING SHOCKS

In answer to a question as to how many patients in the facility suffered injuries from any cause whatever, the manager said he could not state definitely but said several patients suffered bone fractures following "shock" treatments. One patient, he said, suffered a spinal injury when he rolled off a table following a shock treatment, while another sustained a broken back coming out of the shocks; still another suffered injuries to several vertebrae during a convulsion following the treatment. The committee contacted the patient with the broken back, who confirmed the manager's report of the injury, stated it was purely accidental, and he felt he was given every care and consideration in administering the shocks.

## PATIENTS IN STRAIT-JACKETS

Patients strapped in strait-jackets mingle with the other patients in the wards. The committee feels this, too, is somewhat dangerous, as a patient so strapped would have no chance to defend himself in the event of an attack by another patient becoming violent.

## PERSONNEL NOT TRAINED TO HANDLE MENTAL PATIENTS

Neither the civilian nor enlisted personnel are especially trained to properly supervise or handle mental patients. The committee was informed that the program of fitting the attendants to handle their charges consisted of a course of eight lectures. They have no special or practical training as to the proper method of subduing a patient who may become violent to prevent possible injury. The enlisted men assigned by the Army, particularly, are not qualified to act as hospital attendants and might well be classed as Army "misfits." We were informed they were assigned these hospital duties when it was decided they were not adaptable to other military duties. (Subsequent to our visit to Northport the contingent of colored troops was replaced by white troops.)

## RECOMMENDATIONS

The committee recommends that—

1. The Veterans' Administration immediately send an investigator to this facility to ascertain, and then assign, the number of doctors, nurses, and psychiatrists to properly care for the patients confined there.

2. An immediate investigation be made to determine the truth or falsity of the charges of mistreatment of patients.

3. Immediate steps be taken to cover windows inside the wards with suitable material to prevent breakage by the patients and injury to themselves.

4. To institute a program of training and instruction in the proper handling of patients by attendants.

5. Patients confined in strait-jackets be segregated from other patients for their own safety.

6. Patients who show marked improvement be brought before the hospital staff at the earliest possible time to determine the necessity for continued hospitalization.

The committee is of the opinion that the Veterans' Administration at central office is out of complete touch with the situation and have no realization of the condition and needs of the Northport Facility.

Respectfully submitted.

FRANK M. WHITAKER,  
Department Service Officer  
(For the committee).

#### HIGH LIGHTS OF THE FINDINGS OF INVESTIGATORS

##### MISTREATMENT, ABUSE, AND NEGLECT OF PATIENTS

(See detailed report on Northport, Long Island, N. Y., hospital.)

Remedial action has been taken on reported mistreatment of patients in the NP hospitals at Lyons, N. J., and Roseburg, Oreg., and a new manager installed at Lyons. "Physical violence by attendants" was frequently discovered at Roseburg, according to the investigation.

A patient at the Fayetteville, N. C., general hospital states he was told "in no degree of politeness" by a staff physician that he would not be examined as he had once been discharged from that hospital. The patient said he was released the next day without any treatment of any kind. On returning home he related that he consulted his family physician, who performed an operation for sinus trouble and an ear condition that cost him \$400 he is "unable to pay."

At Fayetteville, it is found that two patients are quartered in one room in the NP lock ward. According to the investigator "iron bars over the windows give the appearance of a jail more than a hospital."

According to the investigation at Bay Pines, Fla., a general medical hospital, patients "who are not able to walk 30 feet" were ordered to go to mess halls. Some doctors at this hospital were found "insolent." (Affidavits are available from the investigator.)

An undercover investigation of alleged mistreatment of patients by attendants is recommended in the report on the general medical hospital at Marion, Ind. "Such allegations cannot be proved or disproved by any ordinary inspection, especially in view of the mental condition of the complainants."

Investigation at Brecksville, Ohio, a general medical facility, recommended removal of "four unfriendly physicians."

##### SEGREGATION OF PATIENTS

The following recommendations are made: Tucson, Ariz.—separation of other cases from tubercular patients at the TB hospital; Alexandria, La., construction of TB hospital for removal of TB patients from general medical facility; Lincoln, Nebr.—separate facility for NP patients; Salt Lake City, Utah—remove NP and TB patients to new specialized hospitals; West Roxbury, Mass.—separate women from men patients; all Massachusetts facilities and American Lake, Wash.—segregate World War I and World War II veterans in hospitals.

##### TRANSPORTATION

The facility at Brecksville, Ohio, 22 miles from Cleveland, is served only by one bus each way each day. Other hospitals serving metropolitan areas that are inaccessible to out-patients and admission cases are located in Aspinwall, Pa.; San Fernando, Calif.; Fort Howard and Perry Point, Md.; Jefferson Barracks, Mo.; Canadaigua, N. Y.; Downey, Ill.; Des Moines, Iowa; Reno, Nev.; Huntington, W. Va.

## MANAGEMENT

New managers recently have been installed at Montgomery, Ala.; Lyons, N. J., and Fargo, N. Dak. Other personnel changes are recommended as follows:

At Lake City, Fla., "repeated requests have been made for transfer of the chief clinical director and another physician." The hospital manager has "ignored complaints too numerous to cover in this report," was another observation there.

Jefferson Barracks, Mo.: "Replace disabled and overage physicians."

Brecksville, Ohio: "Dismiss four unfriendly physicians."

Tucson, Ariz., and Lexington, Ky.: Personnel found incompetent should be discharged, not transferred to another facility.

American Lake, Wash.: "Remove the present manager on the basis of reports of differences among the staff and poor hospital morale."

Walla Walla, Wash., and Bronx, N. Y.: It is urged that civilians replace military personnel in the kitchen where great dissatisfaction is found. Servicemen attendants at Walla Walla are assigned to "glorified KP" and are said to have caused lack of cooperation on the part of dietitians.

At the Bronx Hospital a shortage of civilian personnel, particularly mess attendants, is reported acute.

"These attendants are often required to work long hours of overtime, resulting in a daily absent list of 16 to 20 employees who take time off to rest. Army enlisted personnel is used to fill these daily vacancies and while the enlisted men perform their duties satisfactorily, there is much discontent among them.

"A large number of enlisted men had long periods of combat service in the various theaters of war, were returned to the United States for 6 months' furlough, and are resentful of the fact they are 'rewarded' for their combat service by being assigned for a 6-month period of KP.' At the expiration of the 6 months, many of the soldiers state they are scheduled to return overseas."

Other observations on management of veterans hospitals are as follows:

Fargo, N. Dak.: "The investigating committee is very bitter about the amount of red tape. The management feels restricted in certifying types of disability. In a recent case, a patient rated 'temporary psychotic' the case file was called to the central office for handling 3 months ago, and has not been certified to date. This case could have been handled through the field office and given prompt attention."

American Lake, Wash.: "There are no qualified NP or TB specialists on duty, the ward doctor taking care of 15 NP's. Out-patient service interferes with hospital care and should be done in the Seattle regional office."

Bronx, N. Y.: "The facility manager states there is current need for at least 10 additional psychiatrists, 12 physicians and surgeons, and 100 attendants." (Typical of comment on personnel shortages.)

Payetteville, N. C.: "There are more than 4,000 veterans who are eligible for neuropsychiatric treatment in this facility, and the facilities to treat the veterans consist of one psychiatrist and a cardiologist who has no interest in the type of work he is forced to do." (This is a general medical facility, not an NP hospital.)

## EQUIPMENT

Complaints are numerous as to shortages and obsolescence of hospital equipment.

For example, the report on Livermore, Calif., presents this startling description:

No anesthetist present to aid the surgeon, if he were to perform surgery, if he had the equipment, if he were given the go-ahead sign.

Three ranges and one grill suffer frequent break-downs, due to failure of electric heating elements.

An oven with no thermometer and no replacement of broken thermometers.

Sink soldered and resoldered again and again.

Hood over the ranges and cooking urns without exhaust fans for sufficient ventilation to prevent condensation of steam to drip and retriicle back down over the equipment.

A great amount of breakage of crockery due to careless and unconcerned handling by personnel.

Out of one tray of dishes, some three dozen in number, five were dirty and deserving of washing again.



Inadequate steam and inadequate hot water in which to wash and spray and rinse and preheat the dishes to insure cleanliness, sterilization, and latent-heat evaporation and drying.

One tray of spoons, some four dozen and full one-quarter still dirty, in fact very dirty.

Twenty-one beds crowded into one room, which room is divided into 3 sections of 7 beds each, and 21-bed units have replaced the former outdoor porch.

A rule issued to medical staff that more concern shall be given to prevent dust being found than care given the patient.

Alarming shortage of beds is indicated in the following compilation of recommendations for additional construction:

Montgomery, Ala., 500 beds; Tucson, Ariz., 500 beds for TB patients and 500 beds for general medical; Bay Pines, Fla., 500 for men and 100 for women; Atlanta, Ga., 1,000 "immediately"; Downey, Ill., additional building for female patients; Marion, Ill., 400; Marion, Ind., "location of canteen a fire trap"; Des Moines, Iowa, 500; Knoxville, Iowa, 500; Alexandria, La., new TB hospital; Fort Howard, Md., 1,200; Perry Point, Md., 300; Bedford, Mass., 400 "immediately"; Northampton, Mass., 600 in addition to 200 additional beds now underway; West Roxbury, Mass., 500; Dearborn, Mich., 400 TB beds, 800 NP beds, expand cramped canteen; Jefferson Barracks, Mo., 100; Lincoln, Nebr., 300 beds and separate NP facility; Reno, Nev., 400 beds and receiving ward; Oteen, N. C., 300 TB beds "at minimum"; Fayetteville, N. C., 300 "at minimum"; Brecksville, Ohio, 400; Chillicothe, Ohio, 1,000; Dayton, Ohio, 500; Portland, Oreg., 500 beds and separate NP ward; Roseburg, Oreg., an NP hospital should be converted into general medical facility, with Camp White taken over from Army as replacement; Keoughtan, Va., 200 and "adequate canteen"; Salt Lake City, Utah, 1,200; American Lake, Wash., "start new building approved"; Walla Walla, Wash., 200. It was also urged that construction begin immediately on the hospital designated for Grand Junction, Colo.

Mr. McQUEEN. Under your No. 9 recommendation, from the testimony of Dr. Baird is that not in effect by hospitals at this time, the separation of these different classes and classifications of NP cases?

Mr. KETCHUM. I understand, according to our individual surveys that is not being done in some hospitals. Apparently, they have found instances of World War I and World War II veterans who were being treated, not for psychosis, but for neuropsychiatric conditions.

Mr. McQUEEN. I am not talking about your tenth recommendation. I am talking about No. 9 about the NP classification, that they be treated in separate wards—you say separate hospitals.

Mr. KETCHUM. Separate hospitals.

Mr. McQUEEN. You want the hospitals separated?

Mr. KETCHUM. Apparently from this report, Mr. Counsel.

Mr. McQUEEN. All right.

Mr. KETCHUM. For the information of the committee, National Service Officer Casey M. Jones is present with a complete file of every individual report of the 78 Veterans' Administration hospitals mentioned in the letter and he is prepared to discuss with the committee, if so desired, any or all of those reports. In closing, may I again point out to the committee that the investigations were conducted by department officers of foreign wars and neither Mr. Jones nor myself have any personal knowledge of the findings contained in these reports. The reports have merely been analyzed and evaluated by Mr. Jones and his staff and the recommendations developed therefrom.

In the event there is any question as to the accuracy of the information contained in these reports, it will be necessary for the committee to either send an investigator to the person who made the survey or to bring the officers before this committee. And now Mr. Jones is available if there are any questions concerning reports on individual Veterans' Administration hospitals.

The CHAIRMAN. Will he be available at any time, Mr. Ketchum?

Mr. KETCHUM. Yes, sir.

Mr. KEARNEY. Mr. Chairman, may I ask if we can proceed this afternoon?

The CHAIRMAN. Well, I will just bring that question up.

Mr. ALLEN. There is a bill on the floor that is of particular interest, Mr. Chairman, to say the least.

The CHAIRMAN. We may call you back, Mr. Ketchum. You will be in town?

Mr. KETCHUM. Yes.

Mr. KEARNEY. There are gentlemen here who have made trips from Buffalo down here, and I was wondering if a few of us could not stay here.

Mrs. ROGERS. Would you not like to appear in the morning and have the whole committee here?

Captain Jones is a First Division man. We in Massachusetts have a personal interest in him.

The CHAIRMAN. I am going to ask the committee to be here at 1:30. If I cannot be here, I will ask someone else to preside.

Mr. RICE. I would like to have the national commander have the whole committee here.

Mr. KEARNEY. That suggestion was made at the request of your commander in chief.

The CHAIRMAN. You are going to have trouble keeping all the membership here at any time. We have a long-drawn-out work before us, a lot of work before us, and I feel that if it is satisfactory to the committee, we will meet this afternoon at 1:30 or 2 o'clock.

Mr. KEARNEY. Mr. Chairman, I want to hear the commander, and I cannot be here.

The CHAIRMAN. We cannot always adjust the thing to meet the wishes of any individual members.

Mr. DOMENGEAUX. I want to make this suggestion, Mr. Chairman, if a member is absent by reason of his official duties, that there will be no reflection made on him.

The CHAIRMAN. Anything that is not satisfactory to the gentleman from Louisiana—

Mr. DOMENGEAUX. It is perfectly satisfactory.

The CHAIRMAN. I am talking about the gentlemen from Louisiana on my left. There are two gentlemen here from Louisiana.

Mr. ALLEN. I would like to hear the commander. I want to hear him.

The CHAIRMAN. Well, we will meet here at 2 o'clock.

(Whereupon, at 12:30 p. m., the committee recessed until 2 p. m. of the same day.)

#### AFTER RECESS

(The committee met at 2 p. m., Hon. John E. Rankin (chairman) presiding.)

The CHAIRMAN. The committee will come to order. Mr. Rice, are you ready for the Disabled Veterans of the World War to proceed? Give your name.

**STATEMENT OF MILLARD W. RICE, NATIONAL SERVICE  
DIRECTOR, DISABLED AMERICAN VETERANS**

Mr. RICE. Mr. Chairman, members of the committee, my name is Millard W. Rice, national service director for Disabled American Veterans.

Incidentally, Mr. Chairman, may I advise you that Congress changed the name of our organization in July of 1942 from Disabled American Veterans of the World War to Disabled American Veterans, and we now represent all disabled American veterans, all those veterans, not just those of World War I.

The CHAIRMAN. Do you want to testify now?

Mr. RICE. No; I want to present the national commander. He has conducted the survey under his immediate supervision, and, therefore, I would like to have him give the over-all results of that survey.

(Whereupon Milton D. Cohn was duly sworn.)

**STATEMENT OF MILTON D. COHN, NATIONAL COMMANDER,  
DISABLED AMERICAN VETERANS**

The CHAIRMAN. You are the national commander?

Mr. COHN. Of the Disabled American Veterans; yes, sir.

Mr. Chairman and honorable members of this committee, we have been waiting very patiently to cooperate with you in your investigation of certain charges made in the press concerning the Veterans' Administration and, as has been stated by our brother veteran organizations this morning, the other veterans' organizations, as well as the Disabled Veterans, conducted a survey of various hospitals of Veterans' Administration throughout the country.

Mrs. ROGERS. Lieutenant Cohn, you returned fairly recently, did you not, from an inspection of all of the hospitals of the European theater of war?

Mr. COHN. Yes, Mrs. Rogers; I covered, practically, in my survey, the handling of the wounded from the front lines back to the line of evacuation; I covered practically every hospital in the United Kingdom, most of the hospitals in France, and that portion of Germany which we occupied up until that time, and Italy as well; and on the trips going home—on the trip going over I investigated conditions in some of the hospitals this side of the Atlantic. And on completing them, I surveyed some of the hospitals on the other side of the Atlantic which were not then in the war areas.

Mrs. ROGERS. That has been a very large part of your work then?

Mr. COHN. Yes; in fact, I spent more work, more time, right with the disabled men of this war than I have in the customary job of visiting the departments of our organization.

Mrs. ROGERS. I know the men overseas are very grateful for your interest.

Mr. COHN. Thank you. I was grateful to have had the opportunity to bring back a report on conditions as I found them.

In line with your question, Mrs. Rogers, I would like to say to the chairman and the committee that in our organization today we have



more members who are disabled veterans of World War II than we have members of World War I, and of course those members are increasing steadily.

While I am talking I would like very much with the chairman's permission to have this photograph travel around. It is a photograph of the induction into our organization of a very large group of amputees just recently—

Mrs. ROGERS. They are Walter Reed amputees?

Mr. COHN. At Walter Reed; yes, Madam. Now in order to save time and because I appreciate so much the fact that this committee has seen fit to come back in here this afternoon and managed to give me an opportunity to present the Disabled American Veterans' survey, I would like to get right into the meat of our findings and assure you all that we are willing to cooperate with this committee in any possible manner in furthering the purpose for which we have gathered.

As a result of a comprehensive survey of the majority of the facilities of the Veterans' Administration, conducted by the various State Departments of the Disabled American Veterans, at the suggestion of the Administrator of Veterans' Affairs, we herewith present a summary of our findings and recommendations.

I would like to point out that the surveys were conducted by rank and file members of the DAV, who are not professional investigators.

I might add here and interpolate that they are not in most cases medical men. I heard some questioning this morning concerning the fact that—concerning the question as to whether or not those who made these investigations, whether they were qualified medical men.

May I respectfully call the attention of this committee to the fact that there is a divergence of opinion as to who makes the best investigator in a situation like this.

This report represents, therefore, a true picture of the conclusions of the average member of the Disabled American Veterans, based upon an objective and factual study of the problems at hand.

1. Type of treatment: No drastic complaints were made concerning the type of treatment received in the various Veterans' Administration facilities. To the contrary, there was ample evidence that, for the most part, medical care extended to disabled veterans in Veterans' Administration facilities is generally comparable in quality to that received in the best hospitals available to the ordinary citizen.

Mrs. ROGERS. Are you comparing the care according to that of the men in the Army and Navy hospitals?

Mr. COHN. Yes. However, we are making a comparison here as to the type of hospital treatment available to the ordinary citizen.

By that I mean, the ordinary citizen just cannot go into a private hospital and have a private room and three or four nurses and four or five doctors. The ordinary citizen goes to an average hospital and gets average treatment.

Mrs. ROGERS. You feel that the veterans should have preferred treatment, do you not?

Mr. COHN. Well, we feel they should have specified treatment at veterans' hospitals. This is on a comparable basis, Mrs. Rogers.

Mrs. ROGERS. Yes.

Mr. COHN. We feel that the treatment compares in quality to that received in the best hospitals available to the ordinary citizen.

2. Ratio of patients to full-time physicians, nurses, and attendants: As far as the investigators were able to determine, the number of physicians as compared to the number of patients they treated generally, compared very favorably with those in other hospitals in the same area.

Mrs. ROGERS. Here during the war?

Mr. COHN. That is correct.

It is to be emphasized, however, that this comparison does not reflect the ever-increasing number of patients entering the veterans' facilities and the possibility that the staffs are becoming greatly overloaded.

In other words, while there was a huge shortage of doctors up until a given time recently the Veterans' Administration found that the Army had made available a large number of doctors which took the strain off the over-all.

3. Salaries of employees: To attract the required number of competent doctors, nurses, technicians, and attendants, their rates of pay should be made comparable to the rates of pay provided for similar services within the armed forces.

There has been a lot said about paying more money, but in making the recommendation, we should think it should be made comparable to the rates of pay provided for similar services within the armed forces.

A higher type of hospital attendants is definitely needed and can be obtained only if the pay scale is changed to conform with the prevailing rates of pay of unskilled labor in various communities. Subnormal wages for attendants will attract mostly "floaters."

Now, I would like to insert right here a personal observation. The DAV for years has felt that the manner in which the attendants were hired—not only in Veterans' Administration but in all public hospitals—those attendants were not really given a permanent status and an incentive for permanency, the quality of that individual or the quality of the duties he performed, because of his personality are certainly lagging.

Now, I am sure that no one of us wants to be attended by a ward attendant who is a floater, who was not a dependable individual, and one of those fellows again who likes to go south in the winter and come back north in the summer.

So, we see this provision is made to make this job of attendants an attractive one, and make it attractive; by offering a decent wage, you will get a better grade of young men or young women as ward attendants.

Mrs. ROGERS. Now, do you prefer a medical corps with salaries similar to those in the Army and Navy?

Mr. COHN. I did not expect you to ask that question so soon, but I have jotted down some of the things that I have anticipated.

(Mr. Peterson assumed the chair.)

Mr. PETERSON. Would you like to make it at the end of your statement?

Mr. COHN. I would rather, if you like, Mrs. Rogers?

Mrs. ROGERS. I have been interested in that for years.

Mr. PETERSON. We might save time by letting him finish his prepared statement. We are likely to have a roll call and I would like to get his prepared statement.

I think he has given it to the press, maybe, and we will let him get that in and save time.

Mrs. ROGERS. Yes. We want to get it to the press, too.

Mr. COHN. 4. Training and research: The research facilities of the Veterans' Administration should be vastly expanded. Provisions should be made for the doctors, nurses, and technicians to be given appropriate postgraduate courses to keep abreast with scientific developments in the diagnosis and treatment of various diseases, defects, and ailments.

5. Reduce "pencil pushing" for doctors and nurses: The great burden upon doctors and nurses of paper work, resulting from the making of medical histories, should be remedied by using trained medical historians to make such reports, for prior perusal by the examining doctors at the time of the examinations.

6. Use of Wacs and cadet nurses: While it was felt by most of the investigators that the use of Army and Navy personnel should be abandoned as soon as possible, there were a number of specific requests that the cadet nursing program be continued. The use of this training program, according to a number of the regional managers, has been of great assistance and benefit in the handling of the patients.

7. Crowding of patients: Many of the reports indicated that the hospitals are handling patients greatly in excess of the number for which they were originally intended. The only possible remedy for this situation where it exists is, of course, the building of enlarged quarters and of additional hospitals, as indicated more specifically in the reports of the individual facilities.

8. Discharges against medical advice: The investigators found that in many instances no attempt was made to determine the precise reasons why patients left the hospital against medical advice. Where accurate figures were obtainable, the number of those leaving against medical advice did not exceed 5 to 7 percent of the total number of discharges.

9. Length of hospitalization: The length of the period of hospital treatment—a matter quite properly under the jurisdiction of the medical officer in charge, involving a number of factors rather difficult to assay—was generally considered adequate.

10. Training of patients: Appropriate correspondence courses should be extended to all patients desiring them, particularly as to the younger veterans of World War II, in addition to a more extensive and practical occupational therapy program.

11. Recreational facilities: Recreational facilities—necessary and desirable in building up and maintaining the morale of patients—are, in many of the institutions, entirely inadequate.

Ample indoor and outdoor recreational facilities should be provided by an immediate building program, supplemented by the use of temporary structures where necessary.

A coordinated Nation-wide recreational program should be instituted by a trained staff of recreational directors, under the supervision of a central office recreational director.

12. Canteens: The present canteen contract system should be discontinued, and in place thereof, the Veterans' Administration should set up a canteen system patterned after the Army Post Exchange set-up. Canteens in hospitals which are located in outlying areas should make food and refreshments available for visitors.



The canteen service in the several facilities varies greatly. In some instances it is practically nonexistent while it is fairly good in others—in some places they are located too far from the hospital wards and in other places they are crowded into small rooms.

13. Supplies: There were a considerable number of objections to the character of restrictions and regulations under which the various facilities function. Objections were raised to the method of purchasing supplies—exclusive of food—particularly as to the operation of the quarterly budget system.

A more efficient procedure would be to place the individual hospitals upon an annual budget, subject to the approval of the facility manager or the medical officer in charge, rather than to require repeated returns of individual requisitions to central office. The proposed purchase of an individual item of laboratory equipment, for example, involving approximately \$100 or less, should not be delayed by its referral to central office for its concurrence.

14. Transportation: Transportation to and from the Veterans' Administration hospitals is, in two-thirds of the cases, considered difficult, particularly as to short hauls from main-line terminals to the facility. More adequate provisions for shuttle transportation should, in such instances, be extended.

15. Location of new hospitals: Additional new hospitals, with the exception of those for the treatment of tuberculosis, should be located close to communities and to direct transportation.

16. Neuropsychiatric patients: Patients with neuropsychiatric ailments should be treated in general medical hospitals rather than in hospitals where mental incompetents are domiciled or treated. Much of the social stigma attached to this term should be removed and the well-being of the patient advanced by treating him together with men suffering from the general disorders rather than to cause him to be housed with definitely psychotic individuals.

It also would be well to provide extensive out-patient treatment for these neuropsychiatric patients and to create a corps of psychiatric social workers to enter into the homes and to assist in the treatment of these individuals.

It might also be well to train employers in general as to the exact meaning of the neuropsychiatric ailments as compared with the mental or psychotic cases.

Our survey indicates that, while on the whole the Veterans' Administration has done a good job of furnishing hospital care, there is, as I am sure you will agree, room for improvement.

Some of the remarks on this are directed to the Administrator, because I am reading now from the original report submitted to him.

It was with the knowledge of your desire, not aroused by criticism but ever present to constantly improve service for disabled war veterans, that we undertook this survey. We feel that our recommendations are constructive and hope they will be helpful.

In view of the type of some of the criticism of the Veterans' Administration hospitals and its widespread distribution, it seems inevitable that undue apprehension and doubt has been borne in the minds of families of servicemen and veterans and in the minds of the patients themselves. In order that some good may result from the attack upon the Veterans' Administration—and this was directed to the Administrator of the Veterans' Administration—you and your

associates will no doubt continue with increased zeal to strive to improve all types of service to veterans. In such efforts you may rest assured that the Disabled American Veterans is willing and anxious to cooperate.

Now, may I say, Mr. Chairman, and honorable members of the committee, that each of the criticisms that have been leveled against the Veterans' Administration has, as a matter of fact, been brought about by the fact that there are still many defects in the laws enacted by Congress, to be applied by the Veterans' Administration. The Veterans' Administration is under obligation to administer the laws that have been delegated to it, within the prospective provisions, varying complicated provisions, limitations, and restrictions. There are now more than 350 different laws, within a book of more than 750 pages with the administration of which the Veterans' Administration is directly concerned. A codification and simplification of such laws has long been needed, both as to the Veterans' Administration and as to its beneficiaries and potential beneficiaries.

Prior to the enactment of the so-called GI bill of rights, Public Law 346 of the Seventy-eighth Congress, the Veterans' Administration was primarily concerned with the problems of service disabled veterans and their dependents. Even without having been imposed by Congress with the responsibilities of administering the complicated postwar readjustment benefits, as provided by the so-called GI bill of rights primarily for able-bodied veterans, the Veterans' Administration was destined to have a huge task in taking care of the problems of the increasing number of disabled veterans. The so-called GI bill of rights overloaded the Veterans' Administration and its officials and personnel.

Worse than that, because of the prior consideration given to benefits for able-bodied veterans through the so-called GI bill of rights, many badly needed proposed benefits for disabled veterans and their dependents and the dependents of our war dead, have been shunted to one side. May I cite a few of these outstanding needs:

1. Living cost allowances for the dependents of our service-connected disabled veterans, in the same amount as Canada provides for its disabled veterans and for their dependents, has long deserved favorable action by this committee and by Congress. This could be accomplished by the enactment of H. R. 1872, introduced by the honorable chairman of this committee.

2. Increase the vocational training allowance of the handicapped veterans, up to the amount payable to handicapped veterans taking vocational training under the provisions of Public Law 16, that they would receive if rated totally disabled, as would also be provided for by the enactment of H. R. 1872.

3. Provide full compensation for single veterans while hospitalized as would be provided by the enactment of H. R. 556, introduced by Hon. J. H. Peterson of this committee. Single veterans while hospitalized may, under existing law, not be paid more than \$20 per month by the Veterans' Administration so that a veteran who is entitled to \$165 per month, would, in effect, have to pay \$145 per month for his treatment in a Veterans' Administration hospital.

I had intended to go into this a little more in detail, but there was some discussion on this this morning.



I feel sure when your committee gets into this and gives further consideration to this, that we will be permitted to say a little more about it.

4. Restore full compensation to so-called presumptives, as outlined in H. R. 575, also introduced by Mr. Rankin.

5. Provide the same compensation rates for disabled veterans of World War II as previously provided for veterans of World War I, for similar disabilities as provided by Mr. Rankin in H. R. 1936.

I would like to stop on this one for just a second. We hear a lot of talk about the country, and ordinary citizens in this country feel that the veterans of this war are being given every possible consideration.

Well, let me express myself that that is not the exact situation. In fact, there are several things that the veterans of World War I had, several benefits that we had which these boys out of this war do not have today.

I would like to point out one instance. Do you remember in World War I, our war-risk insurance was set up so that a veteran collected his insurance on the basis of total disability, and it was paid out to him at the rate of approximately \$57.50 a month for approximately 20 years.

In this war the boys have war-risk insurance that they have to die to collect from it.

Mr. DOMENGEAUX. Do you mean to say if he is totally disabled his insurance does not pay him anything?

Mr. COHN. No, sir.

Mr. DOMENGEAUX. Is the premium waived?

Mr. COHN. There is a premium waiver, but what is the premium to him? He has to wait until he dies. He won't collect anything on that insurance until he dies.

Mrs. ROGERS. That has been covered by the Committee on Military Affairs, but we should do something about it.

Mr. COHN. I am not criticizing you for any bill that you had nothing to do with. I am merely trying to bring out a lot of things that will help the disabled veterans.

6. Provide a minimum 10-percent rating for all wounded and gassed veterans, as per H. R. 135.

7. Liberalize the National Service Life Insurance Act, so as to provide about the same benefits, options, and privileges as provided in the insurance policies issued to World War I veterans—the War Risk Insurance Act. This would be accomplished by the enactment of H. R. 2379, introduced by Mr. Rankin, with the joint sponsorship of the major veteran organizations.

Many other badly needed defects in our laws, pertaining to disabled veterans and their dependents are awaiting action by this committee.

As I stated before this committee last January it is high time that matters of first importance should first be taken care of, that the green light should immediately be turned on by this committee, to give consideration to legislative bills to provide badly needed benefits for those who have really sacrificed for our country, by reason of their participation in this war and other wars, namely, our service-disabled veterans and their dependents and the dependents of our war dead. First things should be taken care of first.



Mr. PETERSON. Mrs. Rogers?

Mrs. ROGERS. I am perfectly willing to ask questions tomorrow.

Mr. DOMENGEAUX. In regard to placing first things first, at the present time the legislation pending before this committee is more important than this investigation.

Mr. COHN. I would say that this investigation can go along at the same time as your work on this very greatly needed legislation for the benefit of the disabled and the dependents of the war dead.

Mr. DOMENGEAUX. You think we should screen out and take the important bills and move those along in connection with this investigation?

Mr. COHN. I certainly do.

Mr. DOMENGEAUX. In other words, devote our time between this investigation and this important legislation?

Mr. COHN. I certainly do. I believe that basically this entire committee is in accord with that. In wanting to be reasonable about it, I realize that this investigation was necessary. At the same time, however—well, I heard you say this morning you were in a lot of hospitals, and I am sure you know the same things we know. There are some things that can only be cured by legislation.

I would like to point out to the honorable committee that my organization, the Disabled American Veterans, has only one program—the care of the disabled, his dependents, and his survivors, the deceased veterans' survivors.

While we certainly are just as patriotic as any group of individuals or any organization in wanting to see all the men and women in our armed services adequately taken care of, it has been my observation from an actual study, not only of the last war but in this war with combat troops, and I was with combat troops and I was in hospitals with the present wounded of this war—

Everybody agrees that the disabled veterans should be taken care of, legislatively speaking, first, because those are the vital problems, those are the things that require first attention.

Now it is too late to criticize anything that has been done.

I recall, when I appeared at the opening session of this committee, I recall when I asked for the green light, the honorable chairman said, "Do you mean we have not always got that?"

Well, I am not interested in what has been done in previous sessions of Congress, insofar as what we need today is concerned, I am interested in what—and when I say "I," I hope you understand that I am speaking for my organization—we are interested in what is going to be done right now, not what was done 5 years ago, or 10 or 20 years ago. We are interested in those things that ought to be done right now. We feel that this country wants it that way. You talk to any citizen of any strata of life and I am sure they all will say, of course, take care of the disabled.

You read the newspapers, the periodicals, and they say, take care of the disabled. And I submit there is only one thing we can do, and that is to give the green light to disabled veterans' legislation.

Now, I jotted down here—

Mr. SCRIVNER. Would you care to name the bills that you think you should have the green light on?

Mr. COHN. I did name some of them.

Mr. SCRIVNER. I know you named several. What are your four or five most important ones?

Mr. COHN. Well, I think the most important one—it is pretty hard—you pose a very tough question—but in order to get over it, I am going to try to give you snap judgment, and I reserve the right later on to change my opinion.

Is that a fair way to put it?

First, take care of the living costs of the disabled veteran. Here is Canada, by no means as wealthy a nation as ours, has seen the necessity, and we, at one time, saw it. At one time we had a situation where the temporary partially disabled veteran gets an additional allowance for his dependents. What we want is this 1872, to set very definitely the amount of money to be paid to the disabled veterans by the dependents, whether he is rated as temporary, partial, or permanently partial, or temporary total or permanently total, we do not believe there should be any differentiation as to that; 1872 would provide for that, the total, I believe, \$25 for wife, and I believe \$15 for the first child; \$12.50 for the second child, and so on.

Canada does that for its disabled, its veterans who are disabled, and we certainly can afford to do it, and I think we owe them this obligation.

Mr. DOMENGEAUX. Canada is more liberal than ours?

Mr. COHN. On this one point.

Now, it is nice to have an opportunity to prove that you believe in the things you talk about. You gentlemen realize that the disabled American veterans are training approximately 500 disabled veterans of World War II at the American University here in Washington, and then 1½ years' training in the field, giving them training to handle the training of these disabled veterans of World War II.

While we believe in the things that we preach, we believe that these men who are drawing vocational allowances are not receiving enough money; therefore, our organization—which, as you know, is not the largest organization or the wealthiest—we supplement the training pay of every one of those students while they are here in Washington and when they go out into the field, and it ranges from \$25 to \$75 a month, because we are convinced the Government is not paying them enough to live on.

Mr. KEARNEY. Are they not doing that in other veterans' organizations, too?

Mr. COHN. I believe the Veterans of Foreign Wars do. I am not familiar with the provisions of the Legion on that score.

I did not point my remarks to excluding the other organizations; in fact, I am always willing to give them credit for the good things they do.

Mr. KEARNEY. I did not mean to interrupt you.

Mr. PETERSON. He is open to question now. He has finished his regular statement.

Mr. COHN. Mr. Scrivner, do you want me to go over these?

Mr. SCRIVNER. This one or two, and then we can come back to these.

Mr. COHN. All right.

Mr. SCRIVNER. What are these vocational students getting now?

Mr. COHN. Roughly, \$93—\$92.50, and I believe \$115 for the married men.

Mr. RICE. \$92 plus \$11.50 plus \$5.50 for each minor child.

Mr. COHN. That is for the married men. A single man gets straight \$92. That is Public 16.

Mr. PETERSON. You have my bill under consideration about not cutting when he gets in the hospital?

Mr. COHN. Yes. I probably could have curried favor by saying that bill was No. 1.

Mr. PETERSON. No; I introduced it because I was asked to, but I am thoroughly in favor of it.

Mr. COHN. You take the totally disabled single man and put him in a hospital and you reduce him from \$115 to \$20.

Mr. PETERSON. He loses his automobile—he loses his automobile or home?

Mr. COHN. It takes the man who does not have a service connection and this grateful Government gives him free hospitalization, and he lies in the very next bed to this service-connected man. Now, he does not have to make any extra financial sacrifices, because he is not getting anything, but the actual difference in their hospitalization is that the fellow with the service connections is deprived of \$115 less the \$20 that they give him, so, in effect, the man without a service connection is given free hospitalization and the man with a service connection, the single man, is penalized. I do not like to say that he is paying for it, because that is not true. He is penalized.

And just because some of these fellows are floaters and are not the highest-type individuals, maybe we are partly responsible for that, I mean, our country. There is no reason to penalize the good ones because we have found some of them will take advantage. I think the way to stop the single man taking advantage is by having the medical authorities determine when the maximum hospitalization has been reached and it is their responsibility to set the man out on the streets when they feel he has had maximum hospitalization.

Mr. DOMENGEAUX. Is it not reduced because when he is in the hospital his living expenses are not as great?

Mr. COHN. They are as great.

Mr. DOMENGEAUX. Well, they are bound not to be.

Mr. COHN. Well, he might live in his own apartment, he might keep a room in a hotel. He does not want to lose his apartment or hotel room; or he may have a very fine room with a private family. And it is just not fair.

He may be buying a car; he may have debts that he has incurred for other members of his family for which he is not legally responsible but he has a moral responsibility. It may be an old uncle or aunt who was good to him in his childhood.

Those are actual commitments he has made, yet he is going to be reduced.

What a man saves when he is in the hospital is not very great.

Mr. DOMENGEAUX. Well, is that not the theory back of it?

Mr. COHN. I think the original idea was that there were too many floaters—too many veterans, the former chairman of this committee thought there were too many veterans—they went north in the summer and south in the winter. But I submit in answer to that one that if this country fulfills its obligation to veterans, and eliminates as much as possible the unemployment dissatisfaction, he would not



have that type. Because nobody wants to go into the hospital if he does not need it.

If a man were broke and wanted shelter, maybe a job would be the cure for it.

Mr. PETERSON. I do have one other witness.

Mr. SCRIVNER. I just wanted to get in the record what he considers the most important five.

Mr. COHN. I was running through these briefly.

Mr. SCRIVNER. You have got your No. 3.

Mr. PETERSON. No. 4?

Mr. COHN. No. 4 is to restore full compensation to the so-called presumptive cases.

Mr. SCRIVNER. All right.

Mr. COHN. If a grateful government agrees that it can be safely presumed that a man's disability is service connected, then they ought to pay him. They ought to pay him on the basis of the service connection and not on the presumption. Because presumption indicates an agreement on a claim. If we are willing to presume that this evidence such as it is, is enough to prove a service connection, then we should pay on that basis.

No. 5. To provide for same compensation rates for disabled veterans of World War II as previously provided for veterans of World War I for similar disability, as provided in bill No. H. R. 1936.

Mr. SCRIVNER. That is five.

Mr. COHN. No. 6. To provide a minimum 10 percent rating for all wounded and gassed veterans—I will see that you all get copies of this in the morning.

Mr. PETERSON. Will you do that?

Mr. COHN. At the present time—I have a little theory, if it is at all possible to satisfy everybody on what is the proper type of investigation to make of Veterans' Administration hospitals of the Veterans' Administration.

I heard it said this morning that the FBI does not investigate other Government agencies.

My organization states very frankly that our investigation was made in the main by laymen, when men themselves—all of these who are the customer, so to speak, of the Veterans' Administration—we feel that the patient is the best man to judge what is good or what is bad in the over-all period. He may not always be able to decide what is good medical treatment, but if he gets well, he is certainly convinced that he had good medical treatment.

Now, I would like to propose if it is at all within the realm of this committee—that you request the Rockefeller Foundation to make an investigation of the Veterans' Administration on a scientific basis.

Now, the Rockefeller Foundation, as well as other large foundations, are interested in the cause of humanity, and I think the cause of the disabled veterans is a very humane cause and, because the entire attention of the United States is focused on this investigation, the Rockefeller Foundation might be willing to provide the funds and the staff to make a scientific investigation.

Now, there is a very important matter on all of these reports on the shortness of beds. I am rather inclined to believe that the Bureau

of the Budget is actually responsible for the shortness of beds, and I think the records of the Veterans' Administration will show that their requests have been materially reduced by the Bureau of the Budget, and I think the committee should look into that matter.

Mr. PETERSON. I think that is right. Right now at Bay Pines we are 50 percent overloaded, and I do know at times certain recommendations have not been cleared by the Bureau of the Budget.

Mr. KEARNEY. You mean the actual beds, or further hospitalization?

Mr. COHN. I mean funds to create—

Mr. KEARNEY. Then I call your attention to the bill that was passed last June where we earmarked \$500,000,000 for hospitalization.

Mr. COHN. There is a good one. You knew I was going to say that. I would like to know the answer to that one myself.

Mr. KEARNEY. I would like to know the answer to a lot of things.

Mr. COHN. You can go back to my opening statement in January when I asked for simplification in the language of the veterans' laws, and in the Veterans' Administration's interpretation of these laws.

Mr. KEARNEY. Now, you also say you recommend the Rockefeller Institute to make a scientific investigation, but I call your attention to your own report, no drastic complaints were made as to the type of treatment received in the Veterans' Administration facility.

Now, I will admit that a lot of complaints have been made.

Mr. COHN. There again it all depends on the terminology. I say we made an investigation as laymen. I heard this morning the question of the qualified men who made them.

Mr. KEARNEY. You are absolutely right. Everyone who made them is a layman, not a doctor. I was glad to listen to your statement because many of your points in here have, in fact, been recommended by myself and other members of this committee. But I do not quite get the one on point 6 there, the use of Wacs and cadet nurses.

Mr. COHN. Well, we were merely reporting there a reaction which shows through a series of reports from individual hospitals. No. 6 says—

while it was felt by most of the investigators that the use of Army and Navy personnel should be abandoned, they made a number of specific requests that the cadet nursing program be continued.

You know as well as I do, that they would not continue if they thought they were going into the veterans' hospitals.

Well, if they were ordered, then I presume they would have to go.

Mr. KEARNEY. As soon as the war is over ordering is going to be—

Mr. COHN. I agree with you on that. I think this was recommended by the investigators on the basis of overcoming the present shortage and to relieve the overworked girls who are in the present hospitals.

Mrs. ROGERS. Why have they not gone to the Veterans' Administration hospitals for their training?

Mr. COHN. Mrs. Rogers, I do not think the Veterans' Administration have a training program for nurses. I never heard of it.

Mr. PETERSON. They do not have a nurses' training program?

Mr. COHN. Well, if they have, it is certainly a revelation to me. I never saw trainee nurses in any of my recollections. Maybe they were there and I did not know it.

Mrs. ROGERS. I believe that they have a training center for cadet nurses at the Bronx.

At how many hospitals are they taking their primary training course?

Miss ANDREW. At 33.

Mr. COHN. I would like to go back to Mr. Kearney's question there. This matter of Bureau of the Budget.

I say that I am inclined to believe that the shortage of beds or buildings—shortage of bed space, or any term you want to use on that, is directly chargeable to the Bureau of the Budget, and not to the Veterans' Administration. Because if you go in and ask for so much money for so many beds and you come out with so much less, then you cannot have what you asked for originally.

Mr. KEARNEY. You know many of the bills that are produced before this committee are protested by the Bureau of the Budget.

Mr. COHN. Well, who runs this country? Does Congress run it or does the Bureau of the Budget run it?

Mr. PETERSON. Amen to that question.

Mr. BENNETT. Well, who appoints the Bureau of the Budget?

Mr. COHN. Well, there are groups in this country who have a voice. I think when one or two individuals in the Bureau of the Budget are going to set this up—

Mr. KEARNEY. You have never been very well acquainted with the Bureau of the Budget?

Mr. COHN. No.

(Discussion off the record.)

Mr. PETERSON. Are you through?

Mr. COHN. I would like to answer a question Mrs. Rogers asked.

Mr. PETERSON. All right.

Mr. COHN. I would like to say that I favor the idea of a medical corps bill in principle. I cannot say that our organization goes along with everything that is in this bill or the previous bill, but it is something certainly that we want to get at right away, and I am sure you will find us cooperative.

Mrs. ROGERS. You will make suggestions for a bill?

Mr. COHN. Yes.

Mrs. ROGERS. And you have found, have you not, a shortage of beds for women?

Mr. COHN. I understand the Veterans' Administration has issued some contracts recently, and I am not here speaking for them, I am merely stating what I understand, to provide hospitalization for the women in the armed forces, and I believe at this time they have a sufficient number of beds for them.

Mrs. ROGERS. You do include in your recommendation provision for the women of the armed forces.

Mr. COHN. Yes. I think adequate provision should be made to take care of the women in the armed forces.

Mrs. ROGERS. Do you know at Bedford it was promised over a year ago and they are just starting it now, and many of the women are housed in the State hospitals, which is not right.

Mr. COHN. You see, as national commander of a veterans' organization, I can state very definitely that we do not differentiate between the women who are disabled in the service and the men. We believe that anyone who is a disabled veteran is entitled to have all the adequate care, and if it is found more feasible to hospitalize these



women in separate buildings, than in any program, then we think that adequate provision should be made for the women of the armed forces.

Mrs. ROGERS. When you testify tomorrow will you have the answer to those questions?

Mr. COHN. I do not know that I will be called to testify tomorrow.

Mr. PETERSON. I think we will not meet tomorrow.

Mrs. ROGERS. I wish we could meet tomorrow.

Mr. PETERSON. We will leave that with the chairman.

Mrs. ROGERS. I think the committee should take a vote on it and not leave it to the chairman, Mr. Temporary Chairman.

Mr. PETERSON. Yes. I was told to have this statement and Captain Haley's statement, and by that time perhaps the chairman will be back.

I do not want to presume—go right ahead.

Mr. COHN. I would like to conclude by calling to your attention the fact that approximately 2,000,000 men and women having disabilities of one kind or another are released today and at home, out of the Army, and that there will be another approximate 2,000,000 in the next year.

That will make a total of 4,000,000 in a year out of this war, which will equal the total number of all the men and women in the last war.

Mr. SCRIVNER. Let me see if I understand you correctly. There are how many now?

Mr. COHN. Approximately 2,000,000.

Mr. SCRIVNER. Disabled?

Mr. COHN. Out of the Army on disability, and—well, for all other reasons.

Mr. SCRIVNER. Well, sure, for all reasons; but I understood you to say for disability.

Mr. COHN. The vast majority of them are out under disability.

The answer to that is that the Veterans' Administration today is paying pensions to, I believe it is, a slightly larger number of disabled veterans than the total number of World War I disabled, right up to now. I think they are paying something like four-hundred-and-some-odd thousand.

Mr. RICE. Four or five hundred thousand.

Mr. COHN. Four or five hundred thousand claims that have already been adjudicated. But at the end of another year you will have approximately 8,000,000; that is, 4,000,000 out of this war and 4,000,000 out of the last war, at home here.

Now these people are going to assert themselves unless Congress does take care of their problems by enacting immediate legislation without delay, and the kind of legislation that will first take care of the disabled veterans and then the nondisabled veterans. Again I state, in all the troops I met overseas the opinion was they ought to take care of my buddy first who was wounded; they ought to take care of my buddy's wife, who was killed last week.

That is the serviceman himself.

Now, there is one suggestion we have, and that finishes our presentation, in which perhaps a great number of this could be made available to the disabled in the hospitals of the Veterans' Administration,

and that is, if legislation were passed to provide complete out-patient treatment for all of the ill of any disabled veterans who had a service-connected rating of 10 percent or more, for any kind of disability. As it is today the disabled veteran cannot get out-patient treatment for non-service-incurred disability which he has in connection with a service-connection disability. The only way he can get treatment for that is if he goes into a hospital to be treated for a service-connected disability, and then at the same time in the hospital they will take care of the nonservice conditions.

Well, I submit a lot of these men would not go into hospitals if they could get out-patient treatment, and thereby you would have quite a number of beds available.

Mr. PETERSON. I think you are right about that.

Mr. SCHVNER. Mr. Commander, how much of the overcrowding did you find was due to the fact that beds were occupied by veterans with non-service-connected disability?

Mr. COHN. I am afraid I cannot give you a definite answer to that question. However, the statistics from the Veterans' Administration will show on any given day the number of service-connected disabilities and the number hospitalized for non-service-connected disabilities, and the vast majority, I believe—I may be wrong on this—but I think there are more non-service-connected disabled veterans being treated in veterans' hospitals, or there were until a recent date.

Thank you, Mr. Chairman.

Mr. PETERSON. Yes, sir.

Mr. HUBER. Have you visited veterans' hospitals in Great Britain?

Mr. COHN. Yes, sir. Not veterans' hospitals. Permit me to correct that answer. I visited Army hospitals.

Mr. HUBER. You have not visited British hospitals for instance, where veterans of the first war are cared for in Great Britain?

Mr. COHN. No; I did not have time. You know, when the Army lays it down for you, it is laid down, and although on my itinerary, I wanted to get certain types of hospitals—I did not have the opportunity to visit veterans' hospitals or civilian hospitals in Great Britain, because the Army explained to me we would have to go over on the straight and diplomatic angle, and we did not have time for that.

It was our—it was Army hospitals I visited.

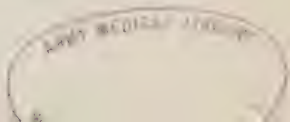
Mr. HUBER. Now, you said the location was—with the exception of those for tuberculosis—the location of new hospitals should be located close to communities?

Mr. COHN. That is right. Transportation.

Mr. HUBER. Of course, a community might be small. I wonder if you feel that these hospitals should be constructed close to the centers of population?

Mr. COHN. Very definitely. And always near to the largest center of population in any regional area. We found that from some twenty-odd years in building veterans' hospitals, except for the tuberculosis hospital, and we do not hold ourselves out as medical authorities, and therefore, we are willing to go along, although some of the patients have differences of opinion as to where they will get the best treatment.

Mr. HUBER. I found some of them inaccessible. I found difficulty in finding them, and the people in the countryside did not know where they were.



Mr. COHN. That is right, and it has been my privilege from time to time to address various groups of—various groups all over the United States—and I felt very keenly the appeal of the disabled veteran, and especially the man who was hospitalized far away from his home and family in an altogether inaccessible spot, and I used to ask of these various groups to whom I spoke whether or not they had ever taken time out to go out and see what was being done for disabled veterans, go and see how, many years after the war, there were still a large number of disabled veterans requiring hospitalization, and I did that for quite a long time, until one day a fellow down at the end of the table said, "If you can tell us how to get to one, we will go out there."

Since then I have been pressing for veterans' hospitals as you say, nearer the center of population.

Mr. PETERSON. Mrs. Rogers, you have one?

Mrs. ROGERS. I have a number of questions.

Colonel, is it not true that a number of the non-service-connected cases today are potential service-connected cases?

Mr. COHN. That is true, and we have no quarrel with hospitalizing non-service-connected veterans. We have no quarrel whatsoever, because we think that the Veterans' Administration does a pretty good job on being fair first to the disabled veterans.

In other words, the man with the nonservice condition knows that he has to wait until there is an available bed, but the disabled veteran has the first preference.

We have no quarrel with that. However, we do submit that if outpatient treatment was provided, in many instances, it would make it unnecessary for a veteran to go in there.

Mrs. ROGERS. Have you ever visited the veterans' hospital at West Roxbury?

Mr. COHN. Yes.

Mrs. ROGERS. Do you think it advisable to have some of the clinical work done there, the out-patient examinations?

Mr. COHN. Well, personally, I do not think there is any definite means or requirement to have a regional office in connection with the hospital.

Mrs. ROGERS. I think you made a protest to having one sent out from West Roxbury, and now we cannot get it. There are two floors of the Federal Building that are occupied by the Internal Revenue—

Mr. KEARNEY. Are you speaking of the West Roxbury Hospital?

Mrs. ROGERS. Yes; were you there?

Mr. KEARNEY. No. That is one they give a clean bill of health to.

Mrs. ROGERS. I do recall there is a shortage of personnel. A man came there while I was there afflicted with a growth—

Mr. COHN. Mrs. Rogers, except for the major buildings, I have never been in accord with anybody's viewpoint that there is no space available. I know the Army, when they want to, put up a shack.

Mrs. ROGERS. That is the reason I think the Veterans' Administration ought to have a Cabinet position.

Mr. COHN. I think the Veterans' Administration have in this \$500,000,000 appropriation enough to find a way of moving regional offices out of existing facilities and turning them back.

Mrs. ROGERS. You think they can do that by condemnation?



Mr. COHN. I think if the Veterans' Administration were granted clear, concise bills for the need and care of disabled veterans, the bills under which there would be no misunderstanding and misinterpretation, the Veterans' Administration could go right to work on what you Members of Congress want.

But when they get bills that permit somebody, some place, either in or out of the Veterans' Administration, to say, well, this might mean this, or might mean that; that is where the quarrel and confusion come in.

And I am including my original request to have the legislation explain unadulterated pure English as we speak it, so the little fellow coming out of the Army can read and say, "that is what is coming to me, and I am going to go and get it."

Mrs. ROGERS. Well, do you feel it would be better for this committee and the Senate, also, to take over the authorization for the general area where hospitals should be located?

Mr. COHN. You want to take over the job of the Veterans' Administration, do you?

Mrs. ROGERS. Oh, no, but we had originally, you remember, each member, the authority—we did take the authority of authorizing where the hospital should go. For instance, in a general area. Then there was an argument. In those days we used to have hearings all the time regarding hospitals; in those days the veterans' organizations appeared before us with suggestions; and we had doctors appearing before us in those days; and it has been a great many years since we have had a doctor appear before our committee.

Mr. COHN. I think it is within the realm and privileges of Congress to find the ways and means. The legislation, if it is needed, would say certain specialized types, a tuberculosis hospital, or a clinic of some sort, relating to some particular area should be constructed only in a given area where the majority of veterans' population resides.

I think that is a basic American principle, the will of the majority prevails, and if you take care of the majority of veterans in a given area, the few fellows who have to travel, it is better to discommode or make it a set-up which causes inconvenience to a few, rather than thousands.

Mrs. ROGERS. Colonel, I gather that you very much favor a big medical training center in Washington?

Mr. COHN. Very definitely in favor of it. I believe I said something about it. If I did not, I am glad that you asked that question because that is needed more than anything else.

I referred to that in my remarks here on the training of personnel. I think the Veterans' Administration should have the largest, finest, most modern facility here in Washington as the center, one to which all of its staff could be gotten together from time to time, and one which would be able to train a high-type specialty, or go out in the field to give field instructions, if bringing them in was not feasible.

Mr. PETERSON. If you do not mind, I am going to excuse you for a minute, because Captain Haley has to leave.

Mr. DOMENGEAUX. May I ask a question?

Mr. PETERSON. Yes.

Mr. DOMENGEAUX. You have stated you thought it was advisable for this committee to coordinate its work with the Rockefeller Foundation.

Mr. COHN. Yes; that is just one thought in my mind.

Mr. DOMENGEAUX. You stated, and I agree with you, that this is primarily a medical question, and that it is necessary to have technical information to make a complete and proper investigation of the medical features of the hospital.

Mr. COHN. That is not exactly what I said. What I said was if there is still a doubt as to the type of investigation made, if a technical investigation were made we might ask an outfit such as the Rockefeller Foundation. I do not think it would do you a bit of good to send out a couple of doctors in the field—Mr. Kearney practices law when he is not in Congress, I think he will agree with me that the hardest thing in the world to do is to get one doctor to get up and testify against another. I think it is only done where one doctor is hired as an expert to refute another.

I do not think you can get a factual report if you keep it strictly on a professional basis.

The reason I made the suggestion was I wanted to have it fair-minded. Certainly nobody could accuse a large foundation with a technical staff with being biased. They would certainly be factual—now, it is up to you to consider the value of the suggestion.

Mr. KEARNEY. Mr. Chairman, I have heard about cashing of checks for individuals on the outside who were making a profit on these veterans. I am pleased to submit for the record a letter issued by the head of the Veterans' Administration, General Hines, under date of June 7:

Effectively immediately, the agent cashiers at Veterans' Administration facilities are authorized to cash checks drawn on the Treasury of the United States in favor of hospitalized and domiciled beneficiaries.

(The letter referred to follows.)

VETERANS' ADMINISTRATION SERVICE LETTER

ADMINISTRATOR'S OFFICE,

June 7, 1945.

Subject: Cashing of checks by agent cashiers and payments to dependents of competent beneficiaries.

*To All Stations:*

1. Effective immediately, the agent cashiers at Veterans' Administration facilities are authorized to cash checks drawn on the Treasurer of the United States in favor of hospitalized and domiciled beneficiaries. The agent cashier's disbursing fund is to be used for this purpose and if at any time it is found that the maximum amount of the authorized fund is inadequate, a prompt request for adjustment should be submitted to the central office in accordance with the provisions of R. & P. 4162 (A). In those cases where the amount of the fund required is such as to necessitate an increase of the agent cashier's bond, action to accomplish this will be initiated by the central office, a partially completed bond being transmitted to the manager for execution by the agent cashier.

2. For the purpose of this instruction, the definition of the term "competent beneficiary" will be identical to that which obtains for purposes having to do with the handling of the personal funds of patients, and will include all hospitalized and domiciled beneficiaries except the following:

(a) Those adjudged as incompetent by a court of competent jurisdiction.

(b) Those rated as incompetent by a rating agency of the Veterans' Administration.

(c) Those who are neither adjudged nor rated as incompetent but who, in accordance with the provisions of R. & P. 4761 (A) (3), are considered by the manager as being incapable of handling their own funds.



3. The cashing of checks will involve the employment of new procedures only in those cases where the beneficiary wishes to receive the full amount of the check in cash. The instruction of the Chief Disbursing Officer, Division of Disbursement, Treasury Department, for the accomplishment of these transactions is included in paragraph 4 of Special Letter No. 349, dated May 2, 1945, on the subject Cashing of Checks by Agent Cashiers and Payments to Dependents of Veterans, and is as follows:

"Where a veteran merely requests the agent cashier to cash a check drawn on the Treasurer of the United States for him, and where the regulations of the Veterans' Administration permit the turning over to the veteran of the amount of the check, the agent cashier will do so from his agent cashier fund. The check will be endorsed by the payee 'Pay to the order of the Treasurer of the United States' and such check will be transmitted by the agent cashier at the time of making an accounting on Form 1655 to the regional disbursing office as return of funds for application to the advance account. Such accountings may be made at frequent intervals depending upon the volume of business involved, and an additional advance in the amount of the total of the checks so deposited will be requested to restore the revolving fund."

4. Agent cashiers are cautioned to exercise care in the identification of beneficiaries who present checks to be cashed, taking such action as they consider necessary to be assured that the person presenting a check is the one in whose favor it is drawn. It is to be expected that in most cases it will be necessary for the identity of the beneficiary to be established by a responsible employee who is assigned to duty on the wards or in the barracks.

5. In a case where a beneficiary wishes to cash a check, receiving a part of the proceeds in cash and transmitting the remainder to a dependent relative, the transactions will be accomplished in accordance with the procedures outlined in R. & P. 4766. The check will be received, receipted for, and submitted for deposit in accordance with R. & P. 4766 (A), the amount which the beneficiary wishes to receive in cash will be paid to him in accordance with R. & P. 4766 (D) and the payment to the dependent relative will be made in accordance with R. & P. 4766 (E). The transactions will be recorded on the patients ledger account, Form 1083, such account being established if one for the beneficiary is not in existence.

6. In order to assure that the balance of the personal funds of patients checking account maintained at facilities in accordance with R. & P. 4800 (B) will be adequate at all times, the central office will cause funds to be advanced to the assistant disbursing officers, in such amounts as are needed without regard to the credit balance of the warrant account which is maintained in accordance with R. & P. 4800 (C). It follows that at some stations, amounts advanced to the checking account will exceed the credit balance of the warrant account and this must be taken into consideration when conducting reconciliations of the patients funds control accounts with the individual ledger accounts.

FRANK T. HINES,  
*Administrator of Veterans Affairs.*

Mr. KEARNEY. And I would like to insert that in the record after the testimony of the several Congressmen.

Mr. PETERSON. Yes.

(The letter referred to was inserted in the record as directed.)

Mr. COHN. Thank you. And I would like to leave here for this committee the brief summaries of the individual hospital investigations which you stated you were interested in.

Mr. PETERSON. Yes.

(The documents referred to follow:)

#### ALABAMA

*Montgomery Facility, general medical and surgical type, 329 beds, April 15, 1945*

*Complaints.*—Personnel: Very poor cooperation and petty jealousies among personnel in mail and record division. Patients: PX inadequate. Cards taken away and playing cards restricted. Only allowed 2 baths a week. Services: Not adequate recreational facilities. Beds: Crowded floor space.

*Recommendations.*—Removal of uniform from doctors. Increase of pay of doctors to attract reputable doctors.



## ARIZONA

*Tucson Facility, TB type, 428 beds, April*

*Complaints.*—Patients: 7 men per room. Personnel: Morale fair, but would be much better if paid higher salaries. Beds: Need more.

*Recommendations.*—Higher salary for doctors. Patients' teeth should be examined and treated twice each year.

*Whipple Facility, TB type, 527 beds, March 22, 1945*

*Complaints.*—Patients: Food being served cold in wards 7 and 8. Personnel: Continued turnover in attendants. Services: Tray service does not operate successfully. Buildings: 12 and 13 should be condemned or repaired.

*Recommendations.*—Need more doctors, nurses, and attendants. Wage increase for attendants will get better type individual for this job.

## CALIFORNIA

*San Francisco Facility, general medical type, 340 beds, March 29, 1945*

*Complaints.*—None.

*Recommendations.*—O. K., except for an additional hospital.

*Livermore Facility, TB type, 408 beds, April 26, 1945*

*Complaints.*—Patients: Kitchen equipment too small and outmoded. Buildings: overcrowded.

*Recommendations.*—250 additional beds needed.

*Fort Miley Facility, 403 beds*

*Complaints.*—None.

## COLORADO

*Fort Lyon Facility, neuropsychiatric type, 1,026 beds, April 12 and May 16, 1945*

*Complaints.*—Personnel: Nursing staff too small. Beds: Should be reduced to 935; too crowded now. Buildings 201 and 401: Too small and firetraps first order.

*Recommendations.*—Increase nursing staff. More competent attendants. Remove TB patients from firetrap building 201. Segregate World War I and II patients. Replace clinical director with more able and efficient doctor. World War I and World War II patients be separated, particularly as to chronic World War I cases.

## CONNECTICUT

*Newington Facility, general medical and surgical type, 437 beds, April 3, 1945*

*Complaints.*—None.

*Recommendations.*—Need 2 more dentists and chairs. Quarters should be doubled. Suggest 500 more additional beds.

## FLORIDA

*Lake City Facility, general medical and surgical type, 419 beds, April 18, 1945*

*Complaints.*—Services: Not sufficient equipment.

*Recommendations.*—Need paint inside. Replace inside of coolers with stainless steel racks, with rubber-tired caster rollers, to facilitate handling of fresh meat. Raise wages of all personnel.

*Bay Pines Facility, general medical and surgical type, 1,428 beds.*

*Complaints.*—O. K. Services: Recreational facilities inadequate. Canteen too small.

*Recommendations.*—295 additional beds needed.

## ILLINOIS

*Danville Facility, neuropsychiatric type, 2,303 beds, April 8, 1945*

*Complaints.*—Patients: Treatment of patients too brief. Patients too crowded. Five percent leaving against medical advice.

*Recommendations.*—More recreation facilities needed; 350 additional beds needed; out-patient clinic recommended.

*Downey Facility, TB type, 2,050 beds, April 5, 1945*

*Complaints.*—Patients: 32 percent patients discharged against medical advice. Personnel: Manager requests more authority. Services: Canteen too small; prices too high; transportation inadequate.

*Recommendation.*—600 additional beds needed. Buildings: Wards, visiting rooms too small, Patients too crowded, additional building for female patients, also need chapel.

*Marion Facility, general medical and surgical type, 214 beds, April 5, 1945*

*Complaints.*—Patients: 8 percent leaving a. m. a. and a. w. o. l.

*Recommendations.*—Recommend 400 more beds. Also separate wards for TB and women patients. Recommend quarters for physicians and families and that war plants be converted into convalescent homes at end of conflict.

*Dwight Facility, general medical and surgical type, 196 beds, April 6, 1945.*

*Complaints.*—Services: No canteen, inadequate recreation.

*Recommendations.*—Segregation of TB patients. Larger quarters for employees.

*Hines Facility, general medical and surgical type, 2,024 beds, March 30, 1945*

*Complaints.*—Personnel: Procurement of supplies too restricted. Insufficient authority to employ competent doctors. Four and nine-tenths percent of patients leaving hospital a. m. a.; 6 percent, a. w. o. l. Services: Recreation facilities inadequate.

*Recommendations.*—Enlargement of library. Better pay for physicians, nurses, and dietitians.

## INDIANA

*Marion Facility, neuropsychiatric type, 2,015 beds, April 9, 1945*

*Complaints.*—Patients: 39.6 percent patients leaving hospital a. m. a. Personnel: Manager needs more authority, too much restriction, and regulations, inadequate pay. Patients too crowded, insufficient floor space. Buildings: Canteen building unsatisfactory.

*Recommendations.*—Recommend new NP hospital of 1,000 beds.

*Indianapolis Facility, general medical and surgical type, 345 beds, April 11, 1945*

*Complaints.*—Personnel: Restricted purchasing of appliances. Need for recreation aid on wards. Insufficient X-ray films. Period of hospitalization too brief. Transportation inadequate. Recommend 650 beds with adequate building for same. 1.2 percent of patients leaving against medical advice, due to family reasons and reduction in pension. 50 percent without dependents leave a. m. a.

*Recommendations.*—Ward doctor give 1 hour a day in office so patients can have personal contact.

## IOWA

*Des Moines Facility, general medical and surgical type, 545 beds, May 14, 1945*

*Complaints.*—Recreational facilities not adequate. Transportation facilities poor.

*Recommendations.*—None.

## KENTUCKY

*Lexington Facility, NP type, 663 beds, April 6, 1945*

*Complaints.*—Personnel: Feel they lack authority. Management is forced to accept anyone from central office regardless of qualifications. All equipment obsolete. Not in line with treatment of patients. Emergency ward too crowded.

*Recommendations.*—Recommend replacement of dissatisfied doctors, nurses, and attendants. Larger OP service and more doctors. Doctors and nurses be relieved of clerical duties. Management be given greater authority in hiring of personnel. Complaints to be immediately cleared up without reprisals against anyone giving testimony.

*Outwood Facility, TB type, 380 beds, March 31, 1945*

*Complaints.*—Patients: 50 percent leaving hospital a. m. a. Personnel: Insufficient authority. Manager cannot reassign doctor already assigned to special duty by central office. Services: Canteen lacks priorities to obtain needed items. Buildings: Much too crowded.

*Recommendations.*—Enlarge hospital to 1,600 beds. Registered nurse only. Doctors and nurses when guilty of neglect and abuse be discharged from V. A. rather than transferred to another facility. Medical equipment: Some equipment is obsolete.

## LOUISIANA

*Alexandria Facilities, general medical and surgical type, 739 beds.*

*Complaints.*—Patients: TB patients, 20 percent leaving hospital. A. m. a. due to reduction of compensation and various reasons. Morale in TB wards low. Personnel: Insufficient authority to employ competent doctors. Services: Sterilizers not mechanically in good shape. Many justified complaints regarding quality and preparation of food. Personnel should be given equal status, pay, etc., as Army. Transportation facilities inadequate.

*Recommendations.*—Suggest investigation by representative of central office of severities imposed by head nurse. TB hospital recommended. Employment be made more attractive. Insist on necessary priorities for food and immediate steps be taken to provide adequate meals. One thousand additional beds needed.

## MAINE

*Togus Facilities, neuropsychiatric type, 1,234 beds*

*Complaints.*—Patients: Inattention and lack of proper care by hospital personnel. Abuse of patients on locked wards by Army enlisted personnel. Personnel: Inferior. Services: Inadequate recreational facilities. Inadequate medical equipment and clinical arrangements. Beds: None. Buildings: None.

*Recommendations.*—More adequate social service and occupational therapy departments. Civilian, rather than Army, attendants on wards.

## MASSACHUSETTS

*Northampton Facility, neuropsychiatric type, 1,106 beds, May 16, 1945*

*Complaints.*—Services: No canteen. Buildings: Overcapacity but not overcrowded.

*Recommendations.*—Two hundred additional beds needed plus 200 more beds for patients suffering from TB.

*Bedford Facility, neuropsychiatric type, 1,801 beds, May 16, 1945*

*Complaints.*—None.

*Recommendations.*—Three hundred and fifty more beds needed.

*Rutland Facility, tuberculosis type, 497 beds, May 16, 1945*

*Complaints.*—None.

*Recommendations.*—None.

*West Roxbury Facility, general type, 386 beds, May 16, 1945*

*Complaints.*—Will outgrow present capacity within 4 years.

*Recommendations.*—None.

## MICHIGAN

*Dearborn Facility, general medical and surgical type, 463 beds, April 26, 1945*

*Complaints.*—Patients: None. Personnel: Shortage in all branches, particularly laboratory help. Services: Long periods in receiving ward before treatment. Cold or lukewarm food to bed patients. Inadequate recreational facilities. Dental equipment not adequate. Transportation not good. Beds: 2,500 general medical and surgical, 400 TB, 7,000 to 8,000 NP. Beds needed in area. Buildings: None.

*Recommendations.*—Return to civilian status as soon as practicable by all doctors now operating as commissioned officers. Upward revision in salaries of entire hospital personnel. Medical Corps within the Veterans' Administration, or some other practical program which would attract competent progressive doctors and surgeons. More recreational facilities, including outdoor privileges. Due to the paper work each ward physician is required to handle without proper assistance, it is advised that proper stenographic help be secured to assist the ward physicians in preparing medical reports. Sufficient number of laboratory technicians to handle both the hospital and out-patient load efficiently. Simplification of rules and practices. Immediate securing of necessary attendants and reopening of fourth-floor wing giving to this facility 65 additional beds now



vacant due to lack of attendants. An additional pharmacist and dentist should also be secured. Designated dentists should be approved to operate on a fee basis in this area. A new recreational aid should be secured. At the present time the one functioning here, although sincere in her efforts, is not progressive enough or of the right temperament to satisfy the veterans in the Dearborn Facility.

The treatment afforded to veterans who have tuberculosis at this facility is not satisfactory, particularly non-service-connected cases. The State of Michigan, in our opinion, is being discriminated against in comparison with the treatment given tuberculosis cases in other States. Records will show that many cases of active tuberculosis have applied at this facility for hospitalization, the applications have been sent to various Veterans' Administration facilities where the proper tuberculosis care and treatment could be given, such as Sunmount, N. Y., and Wood, Wis., and in many instances it has taken from 3 to 4 months before hospitalization could be secured and authorized for these veterans.

Arrangements should be made immediately to the effect that the chief medical officer and the chief of out-patient and receiving at this facility would have some method of securing immediate hospitalization for non-service-connected emergency tuberculosis cases. Where an emergency tuberculosis case develops, the veteran can be admitted to this facility, but because of lack of proper facilities, equipment, space, etc., the treatment is not satisfactory. We, therefore, recommend the immediate erection of a 400-bed tuberculosis hospital on property adjacent to the Dearborn Facility that Henry Ford is willing to donate. Records will show that the State of Michigan has never had adequate Veterans' Administration general medical and tuberculosis facilities.

## NEBRASKA

*Lincoln Facility, general medical and surgical type, 379 beds*

*Complaints.*—Patients: No complaint, recreational facilities inadequate. Canteen too small. Beds: At least 750 mental.

*Recommendations.*—Install occupational therapy; allow doctors to take refresher courses.

## NEW MEXICO

*Fort Bayard Facility, TB type, 305 beds, March 13, 1945*

*Complaints.*—None.

*Recommendations.*—None.

## NEW YORK

*Batavia Facility, general medical type, 295 beds*

*Complaints.*—Patients: Two long in receiving wards. Personnel: Authority too restricted in most matters. Services: Medical equipment antiquated. No medical research. Recreational facilities not broad enough in scope. Push cart canteen not satisfactory. Beds: None. Buildings: None.

*Recommendations.*—The only general suggestion offered is that the medical director in central office should be an outstanding, experienced, highly capable medical man. Such a man should be given unbridled authority in all matters pertaining to treatment to veterans.

*Bath Facility, general medical type, 1,905 beds, April 19, 1945*

*Complaints.*—Patients: None. Personnel: None. Services: Both recreational and canteen services very inadequate. Beds: None. Buildings: None.

*Recommendations.*—Construction of adequate recreation facilities and nurses' home.

*Bronx Facility, general medical type, 2,084 beds, April 19, 1945*

*Complaints.*—Patients: Food not well prepared. Personnel: None. Services: Inadequate recreational facilities. Beds: None. Buildings: None.

*Recommendations.*—For minor repairs and improvements as to elevators and physiotherapy.

*Canadaigua Facility, NP type, 1,435 beds*

*Complaints.*—Patients: None. Personnel: None. Services: Transportation poor. Beds: None. Buildings: None.

*Recommendations.*—Manager be given more latitude in procurement of new doctors and that he be encouraged through payment of expenses to attend national medical meetings.

*Castle Point Facility, TB type, 625 beds, April 3, 1945*

*Complaints.*—Patients: None. Personnel: None. Services: Recreational facilities inadequate. Beds: None. Buildings: Crowded.

*Recommendations.*—Training program for patients.

*Northport Facility, NP type, 2,806 beds, April 2, 1945*

*Complaints.*—Patients: None. Personnel: Insufficient as in most instances today. Services: None. Beds: Additional 6,000 for area. Buildings: None.

*Recommendations.*—Paper work for medical personnel to be cut to minimum.

*Sunmount Facility, TB type, 598 beds, April 19, 1945*

*Complaints.*—Patients: None. Personnel: Not adequate, as is true in most cases today. Services: No therapy-wide or social workers. Beds: None. Buildings: None.

*Recommendations.*—None.

*Saratoga Springs Facility, general medical and surgical type, 47 beds, March 31, 1945*

*Complaints.*—Patients: None. Personnel: Underpaid for right class. Services: Transportation not available to visitors except at exorbitant rates. Beds: None. Buildings: None.

*Recommendations.*—That Veterans' Administration lease an additional building now available to accommodate another 47 patients pending erection of permanent hospital at Saratoga Springs. New building could be serviced by present facilities and staff.

## NORTH CAROLINA

*Fayetteville Facility, general medical and surgical type, 297 beds, April 16, 1945*

*Complaints.*—Patients: Failure to furnish information re condition on discharge and as to future treatment. Personnel: Manager states employment of nurses and doctors not a decentralized function. Services: Recreational facilities poor. Canteen not good. Beds: Three to four hundred new beds recommended.

## OHIO

*Brecksville Facility, general medical and surgical type, 413 beds, April 26, 1945*

*Complaints.*—Patients: Too long in receiving ward. Surgeon in admitting ward reluctant to recommend aids for easement and cathartics. Complaints against inferences that hospitalization is sought solely for purpose of pension increase. Too crowded. Personnel: Insufficient in most capacities. Services: Recreational and canteen services most inadequate. No recreational aides. Shortage of space in laboratory, PT and X-ray. Transportation: Nil.

*Recommendations.*—Increase in salary ratings for medical personnel in order to attract proper kind of men.

*Dayton Facility, general medical and surgical type, 3,751 beds, April 18, 1945.*

*Complaints.*—Patients: Against periods of time for preliminary examinations and pending surgery. TB patients re delayed check-ups. Lack of medical counsel not sufficient information furnished as to condition. Personnel: None. Services: Cold food. Transportation not too good.

*Recommendations.*—It is the considered judgment of this committee that civilian physicians would be more satisfactory in the treatment of civilian patients such as discharged war veterans. In general, patient morale would be raised and would also afford better cooperation with other divisions and facility management. That physicians in the employ of the Veterans' Administration showing incapability or an indifferent attitude should be either placed in an assignment more suitable for their talents or released from the service entirely. It is imperative that the chief medical officer or physician in charge of medical treatment of patients in a veterans' institution be of known medical ability, and progressive; and such medical leader be selected regardless of seniority rights and that salary be compatible with his capabilities.

*Chillicothe Facility, NP type, 1,866 beds, April 27, 1945.*

*Complaints.*—Patients: Overcrowded. Men called for out-patient examination place in some wards with mental patients. Must pay or have paid by relations. Cost of transportation for service-connected patients to Chillicothe. Personnel: Shortage as in most places. Beds: At least 1,000 new needed.

**Recommendations.**—Recommendations for improvement of medical service and hospital at NP hospitals or specifically Chillicothe are offered as follows: That greater ward space be provided for mental cases requiring medical treatment for physical disability. That full-time specialists in various fields of medicine such as TB, surgery, etc., be employed, or a special ward set aside in some centralized Veterans' Administration institution available to all mental cases in need of specialized medicine. There is a definite need for an out-patient department at this mental hospital that should include facilities for all types of physical examination, observation, and emergency treatment that would be separate and apart from the mental wards. This need is an absolute requirement to cope with the pending load. The manager of this facility is a physician and with the increasing load is becoming overburdened with administrative duties. It is believed that an administration assistant should be assigned leaving the manager free to devote more of his time to medical supervision.

## NORTH DAKOTA

*Fargo Facility, general medical and surgical type, 159 beds, April 23, 1945*

**Complaints.**—Patients: Inattention and neglect by medical personnel. Too long in receiving ward. Failure to furnish complete information as to condition. Personnel: Shortage in all classes of personnel, all of whom feel they are underpaid and that restrictions and regulations prevent proper operation of facility. Services: Recreational facilities inadequate. Canteen too small to maintain proper sanitary conditions. Limited medical equipment and clinical arrangements. No out-patient department. Transportation inadequate. Beds: None. Buildings: Overloaded.

**Recommendations.**—Establishment of medical centers by Veterans' Administration with opportunity for doctors to attend same in order to gain further knowledge of their specialized work—this at Government expense. More adequate transportation facilities. Advancement of personnel as to salary and promotions. Elimination of much red tape now involved in reports.

## OREGON

*Roseburg Facility, NP type, 659 beds, April 14, 1945*

**Complaints.**—Patients: Rough handling by attendants and injuries from other patients. Personnel: Shortage in all branches as in most cases. Services: Too long in receiving ward. Recreational facilities should be extended. No canteen service. Beds: 1,800 additional beds recommended. Buildings: None.

**Recommendations.**—Facilities increased to accommodate more patients and more adequate personnel provided.

## SOUTH CAROLINA

*Columbia Facility, medical and surgical type, 695 beds, April 14, 1945*

**Complaints.**—Patients: None. Personnel: Not sufficient authority for employment of certain personnel. Services: Insufficient. Personnel: One ward closed for this reason. Canteen too small. Equipment and space throughout hospital inadequate, bus transportation not sufficient. Beds: Should be regular hospital for Negroes, staffed by Negroes entirely. Buildings: None.

**Recommendations.**—More beds. More help of all kinds and separate hospital for Negroes.

## SOUTH DAKOTA

*Hot Springs Facility, general medical and surgical type, 830 beds, April 13, 1945*

**Complaints.**—Patients: None. Personnel: None. Services: No clinical meetings for staff. Beds: None. Buildings: None.

**Recommendations.**—None.

## TEXAS

*Waco Facility, NP type, 1,394 beds*

**Complaints.**—None.

**Recommendations.**—None.

*Dallas Facility, general medical and surgical type, 352 beds, April 18, 1945*

**Complaints.**—Patients: None. Personnel: Not given sufficient authority. Services: Recreational facilities inadequate. Contact service not satisfactory. Beds: Expediting of construction of authorized additional 500. Buildings: None.



*Recommendations.*—It is our recommendation that: (a) Medical staff and nurses be relieved of clerical duties in order to facilitate examination, treatment, and hospital care of all patients. (b) Immediate employment of sufficient clerical personnel to relieve the present medical staff of all clerical details. (c) Additional doctors and other personnel be increased in proportion. (d) All veteran administrative personnel be placed on a pay scale comparable with like duties and responsibilities in civilian life. (e) As soon as practical, all medical staff carry civilian status instead of military. (f) Hospital staff be retained solely for the purpose of diagnosis and treatment of patients in need of hospitalization. (g) Recreational features be increased. (h) With reference to question No. 11, disabled veterans be given preference in awarding of franchises to operate canteen services in veterans' facilities. (i) With reference to question No. 23, disabled personnel of the armed forces be given a 30-day furlough prior to discharge and that the present practice of sending such personnel to the veterans' facilities for discharge be discontinued immediately. (j) With reference to question No. 26, all veterans be given a complete copy of all diagnosis made in his case. (k) No doctor be employed by the Veterans' Administration if he be foreign-born and educated, until such time as he becomes a naturalized citizen; can speak, read, and write the English language intelligently, and has served a proper internship in an accredited American hospital. (l) Medical staff at the various veteran facilities be relieved of administrative responsibilities in order that they may devote their entire time to the examination and treatment of patients. (m) An individual be appointed as manager, who has been trained in administrative work. (n) A regional office be established for the sole purpose of examinations for pension purposes, and out-patient treatment. (o) A medical corps be set up within the Veterans' Administration comparable to the Army Medical Corps and the United States Public Health Service or even better, if possible. This will enable the Veterans' Administration to operate on a more permanent basis and as a result secure more competent physicians for disabled veterans, who would then enjoy the same or equal privileges as the doctors with the Army and Public Health Service.

*Amarillo Facility, general medical and surgical type, 156 beds, April 10, 1945*

*Complaints.*—None.

*Recommendations.*—None.

#### WASHINGTON

*American Lake Facility, NP type, 845 beds, April 14, 1945*

*Complaints.*—Patients: No TB or NP specialist on staff; previous complaint ignored. Canteen dirty, stock poor, prices high. Not sufficient information given as to conditions; insufficient education as to care of families. Personnel: Rift between management and clinical director. Services: Medical equipment, particularly tubs for disturbed cases, inadequate kitchen, bake shop, etc., not clean. Beds: Too close; space per patient inadequate.

*Recommendations.*—(a) Segregation of War I and War II patients. (b) That all out-patient examination and for rating purposes be stopped at field stations. These examinations would be made in every case at the regional facilities with proper clinical accommodations. Medical doctors at this particular facility are overloaded at present in the care of patients hospitalized. Out-patient examinations are an additional burden and cause neglect of those hospitalized patients. Examinations for grading purposes are not thorough, improperly staffed, and are not fair to the claimants. (c) As mentioned in connection with question 21, a condition of understanding, cooperation, and thorough acceptance must be maintained between the manager and the clinical director and the medical staff. Further, our organization should be in the field with more men whose duty should be to make such investigations as this at regular intervals in the future.

*Walla Walla Facility, TB type, 421 beds, April 17, 1945*

*Complaints.*—Patients: Served cold food. That both chief and head dietitian should be replaced. Personnel: Need additional help in bakery. Services: Need sharp freezing room for storage of frozen foods. Unsanitary conditions in cooling rooms. Garbage cans without lids. Beds: None. Building: None.

*Recommendations.*—Sharp freezing room; two additional dietitians; manager should be given authority to make purchases of certain type of foods without delay through asking central office.

## WISCONSIN

*Mendota Facility, NP type, 276 beds, March 30, 1945*

*Complaints.*—Patients: None. Personnel: None. Services: None. Beds: None. Buildings: None.

*Recommendations.*—None.

*Wood Facility, general medical and surgical type, 3,013 beds, April 2, 1945*

*Complaints.*—Patients: None. Personnel: None. Services: None. Beds: None. Buildings: None.

*Recommendations.*—There should be an over-all upward revision of the salary scale in every department of the Veterans' Administration so that it can attract prospective employees and retain those qualified now with the Veterans' Administration, and thereby afford the Veterans' Administration the opportunity to choose the best qualified. Some legislative action should be proposed to force or to induce patients leaving a. w. o. l. or a. m. a. to remain for full cures. Some action should be taken toward the payment to single TB patients hospitalized for long periods of regular amount to which entitled during hospitalization, but holding what would otherwise be due him (if outside) in trust to be turned over to him when arrested and discharge condition is accomplished.

## WYOMING

*Cheyenne Facility, general medical and surgical type, 212 beds, May 17, 1945*

*Complaints.*—Services: Canteen not satisfactory. Buildings: Too small.

*Recommendations.*—Four hundred additional beds needed.

## BENEFITS FOR SERVICEMEN, EX-SERVICEMEN, AND THEIR DEPENDENTS

(Remarks of Hon. John Lesinski, of Michigan, in the House of Representatives, Tuesday, May 15, 1945)

Mr. Speaker, it has several times pointedly come to my attention that benefits intended by Congress for servicemen, ex-servicemen, and their dependents are frequently not received by them, generally, I believe, because of the failure of potential beneficiaries to know what they are entitled to, and under what circumstances.

The technical language as to the many laws pertaining to those serving actively in our Nation's armed forces, or to those who have so served, and to their dependents, is very confusing.

As chairman of the Committee on Invalid Pensions, the oldest committee in Congress having jurisdiction over legislation affecting veterans and their dependents, I have been intensely interested in such legislation for many years. It is, nevertheless, very difficult for me to coordinate all such legislation in my mind. Not all of such laws are applicable to all such persons; in fact, most of them are applicable only to certain groups, under certain conditions.

How to bring order out of this chaos so that those in each such group might be put on notice as to the rights, privileges, preferences, and benefits to which they might be eligible, without requiring them to read too much about other benefits to which they could never be entitled, has been very baffling.

The key to the solution of this maze of material was, I believe, formulated about 2 years ago by my good friend, Millard W. Rice, the national service director for the Disabled American Veterans, now the dean among the national legislative representatives of the major veteran organizations.

Mr. Rice has recently revised the outline then prepared as to all such benefits, a scanning of which will speedily inform any serviceman, ex-serviceman, or his or her dependent as to what governmental benefits, if any, he or she might be entitled to under the circumstances indicated.

Those who read such outline should be cautioned that more detailed information concerning each such point can be obtained from the Veterans' Administration, or from such other governmental agency as may be concerned with the application of the particular law indicated.

Active servicemen, discharged veterans, and the dependents of veterans have the privilege of requesting needed advice and assistance from the service officers



of any of the several congressionally chartered service organizations: The Disabled American Veterans—DAV—which is composed exclusively of those American citizens who have been either wounded, gassed, injured, or disabled while serving honorably in the armed forces of the United States, or of some country allied with it, during time of war; the American Legion, composed of honorably discharged veterans of World War I and World War II; the Veterans of Foreign Wars—referred to as the VFW—composed solely of America's campaign-badge war campaign, and expedition veterans; and the American Red Cross.

Most applicants would be wise to take advantage of the technical knowledge and experience of the service officers of such organizations. The DAV incidentally, has made arrangements with the Veterans' Administration whereby handicapped veterans of World War II, having the necessary educational prerequisites and qualifications, and deeply imbued with a desire to assist their fellow disabled veterans, and their dependents, are being trained, under the provisions of Public Law No. 16, toward the objective of becoming full-time employees of the Disabled American Veterans, as national service officers.

Such vocational training consists of 6 months of academic training at the American University in Washington, D. C., supplemented by up to 18 months' on-the-job placement training under three different experienced national DAV service officers. Such rehabilitated trainees will then be employed by the DAV as full-time national-service officers, and will be located in the many regional offices and facilities of the Veterans' Administration, and in Army and Navy discharge centers.

During such period of vocational training, these DAV national service office trainees have their disability pensions from the Veterans' Administration increased, if not already entitled to more, to \$92 per month, plus \$11.50 for a wife, and plus \$5.75 for each minor child or dependent parent. In addition thereto, because of the high cost of living, the DAV pays them \$25 per month while at the university, and thereafter \$50 per month, with periodic increases on the basis of their respective increased effectiveness as assistant national service officers.

The first class was started at the American University on October 16, 1944. Additional groups of up to 50 have since then been enrolled each 10 weeks and will, after May 21, 1945, be enrolled each 12 weeks, into such training course, for at least an additional year.

This expansion of its Nation-wide service set-up by the DAV is considered essential in order to extend needed advice and assistance to the increasing number of disabled discharges, as to their varied rights under complicated laws, and as to how factually and technically to establish entitlement to benefits to which they may be lawfully and equitably entitled, and also to assist them in becoming integrated back into useful, self-sustaining, self-respecting civilian living.

Mr. Rice assures me that the outline prepared by him has been carefully checked by members of his staff and by the office of the legislative counsel of the Veterans' Administration to make sure of its accuracy.

(The outline prepared by Mr. Rice, is as follows:)

#### OUTLINE OF BENEFITS FOR SERVICEMEN, EX-SERVICEMEN, AND THEIR DEPENDENTS

##### I. BENEFITS FOR AND AS TO PERSONS SERVING IN ARMED FORCES

1. Base pay ranges from \$50 to \$128 per month for enlisted personnel, from private or apprentice seaman, up through seven grades to master sergeant or chief petty officer. Base pay for commissioned personnel begins with \$150 per month for second lieutenants or ensigns. All base pay of enlisted men is increased by 10 percent, and of all officers by 10 percent, while on sea duty or serving outside the continental United States or in Alaska. Active flying duty, including flights in gliders, or active submarine duty, increases the base pay by 50 percent, and active parachutist duty by \$100 per month for officers and \$50 per month for enlisted men. Enlisted men of the combat ground forces of the Army who are authorized to wear the expert infantryman badge or combat infantryman badge are entitled respectively to extra pay of \$5 and \$10 per month. Certain other pay increases are provided for specially skilled or dangerous types of service. Longevity pay is provided by adding 5 percent to the base pay for each 3 years of active or Reserve service, up to 30 years.

2. Monthly allowances will be granted after June 1, 1942, the dependents of any enlisted individual, male or female, with certain exceptions, of the first seven grades, upon written application therefor by the service member or by or on



behalf of a dependent in class A. or class B-1, \$50 for a wife alone, plus \$30 for the first child and \$20 for each additional child; for a child alone, \$42 plus \$20 for each additional child; for one dependent parent alone, \$50, or \$68 for both, plus \$11 for each dependent brother or sister.

The monthly pay of the service member will be charged with the amount of \$22 per month and an additional amount of \$5 per month if the allowance is payable to more than one class of dependents. Class A includes a wife, child, or former wife, divorced; class B includes a parent, brother, or sister dependent upon the enlisted man for a substantial portion of his or her support. Class B-1 includes a parent, brother, or sister dependent upon the enlisted man for the chief portion of his or her support. In the event of death during active service the next of kin is entitled to a gratuity equal to the monthly pay of the deceased for a period of 6 months.

3. National service life insurance, obtainable without examination during first 120 days of active service and thereafter if found by the Veterans' Administration to be a good insurance risk (with privilege of conversion after 1 year; mandatory conversion before end of fifth policy year), in multiples of \$500, from \$1,000 to \$10,000, for those in active service since October 8, 1940, maturable only by death of the insured, with proviso that premiums may be waived during continuous total disability, which commenced after he was insured, but before he became 60 years of age, which has continued for six consecutive months.

4. Mustering-out payments for members of the armed forces, with certain exceptions, discharged or relieved from active service under honorable conditions on or after December 7, 1941, in the amount of \$100 for those who served less than 60 days, \$200 for those who served 60 days or more only within the continental limits of the United States, and \$300 for those having performed active service of 60 days or more who served outside the continental limits of the United States or in Alaska.

5. Certain protection for those in active military or naval service of the United States, and to American citizens, under certain conditions, in the active service of some country allied with it during time of war with reference to private life insurance and property rights and personal indebtedness, when ability to meet obligations is impaired by such service, through judicial process, under Soldiers' and Sailors' Civil Relief Act of 1940, as amended. (All matters affecting real or personal property rights should be referred promptly to competent local attorneys for assistance and advice.)

6. Allowances, in varying amounts, for clothing, subsistence, and quarters made to officers and, under certain conditions, to enlisted men, as well as up to \$1,500 of their base pay and mustering-out payments, upon their discharge from service, are excluded from income for tax purposes.

7. Naturalization as an American citizen by the easy petition method as to any alien while serving in the armed forces, as well as for certain war veterans.

## II. MONETARY BENEFITS FOR EX-SERVICE PERSONS

1. Compensation or pension for disabilities proven to have been incurred in, or aggravated by reason of, active service in the armed forces of the United States, ranging from \$6.90 to \$300 per month, depending upon the nature, degree, and permanency of the disability, and the time of incurrence, including the 15-percent increase effective July 1, 1944, in the monthly rates for service-incurred disability exclusive of the special awards or allowances fixed by law, but if single and without dependents, not more than \$20 per month while being furnished hospital treatment or domiciliary care by any governmental agency.

2. Retirement benefits at three-fourths of base pay for certain Regular officers with permanent handicapping disabilities, or after a certain period for certain types of service, or/and the attainment of certain ages; and for certain emergency, provisional, probationary, and temporary officers with permanent disabilities of requisite degree, clearly shown to have been acquired in active service, in fact, in line of duty.

3. Pensions on the basis of age, degree of inability to earn a living and/or length of service for—

(a) Civil War veterans in the amount of \$75 per month, and Indian wars veterans, in amounts ranging from \$20 to \$60 per month, or \$100 if in need of a regular attendant, but not in excess of \$50 as to those in a United States National or State soldiers' home on July 13, 1943, but if thereafter furnished hospital treatment or domiciliary care by any governmental agency, only \$20, where the veteran has no dependents.

(b) Veterans of the Spanish-American War, Philippine Insurrection, and Boxer Rebellion, in amounts ranging from \$12 to \$75 per month, plus varying amounts if in need of regular attendant, with total not to exceed \$100, but not more than \$50 monthly as to those in a United States National or State soldiers' home on July 13, 1943, but where the veteran has no dependents, if thereafter furnished hospital treatment or domiciliary care by any governmental agency, only \$20.

4. Pensions of \$50 per month for veterans of the Spanish-American War, Philippine Insurrection, Boxer Rebellion, World War No. 1, or World War No. 2, with 90 days or more of service and a discharge under conditions other than dishonorable, or where less than 90 days, if discharged for disability incurred in line of duty, who suffer with permanent total disability, regardless of service connection, if not due to misconduct; this rate is increased to \$60 per month of rated permanent and total and in receipt of pension for a continuous period of 10 years, or when the veteran, suffering from permanent and total disability, attains the age of 65 years, but only \$8 per month is paid to men, without dependents, while being furnished hospital treatment or domiciliary care by a governmental agency.

5. Enlisted men of the Regular Army, or of the Philippine Scouts, who have served 20 years or more and who have become permanently incapacitated for active service due to physical disability incurred in line of duty, may be retired at 75 percent of the average monthly pay received for 6 months prior to retirement. This retirement pay, or so much thereof as would equal the amount of pension or compensation to which such person may be entitled, may be waived for the purpose of receiving pension or compensation.

6. Enlisted men of the Regular Navy whose service began after July 1, 1925, may, after 20 years' service, be transferred to the Fleet Reserve at one-half base pay received at time of transfer, and, after the completion of 30 years of service, are transferred to the retired list with 75 percent of the pay of their rank at date of retirement, plus all permanent additions thereto, plus allowances to which they would be entitled after 30 years' active service. If their service commenced on or prior to July 1, 1925, they may be transferred to the Fleet Reserve upon completion of at least 16 years' service, with one-third of base pay, and after 20 years of service or more, one-half the base pay received at time of transfer, plus all permanent additions. This pay is increased by 10 percent for all men credited with extraordinary heroism in line of duty or whose average marks in conduct for 20 years or more shall be not less than 95 percent of the maximum. After 30 years of service they are transferred to the retired list of the Regular Navy with 75 percent of the pay of their rank at date of retirement plus allowances to which they would be entitled after 30 years' active service.

7. Enlisted men of the Army, Navy, or Marine Corps, after 30 years of service, are entitled to retirement with monthly pay at 75 percent of their last base pay plus allowances. Members of the Army Nurse Corps and the Navy Nurse Corps may also be retired after 30 years' service, or at the age of 50 years after 20 years' service. Temporary commissioned rank has been provided for members of the Army Nurse Corps and female dietetic personnel of the Medical Department of the Army with adjustment in their retirement pay on the basis of such commissioned service.

8. Statutory award of \$10 per month is payable to all medal-of-honor men after age of 65 years.

9. Adjusted-service credit up to \$50, payable in cash, or, if more, an adjusted-service certificate based upon adjusted-service credit for active World War No. 1 service in excess of 60 days, computed at the rate of 1 per day for domestic service, and \$1.25 per day for oversea service, with maximum limitations, exchangeable for United States bonds bearing interest at 3 percent, redeemable at any time. In the event any allowance in the nature of adjusted compensation is hereafter authorized for World War No. 2 veterans, any benefits received by or paid for any such veteran under the so-called GI bill of rights will be deducted from any such adjusted compensation.

10. Government life-insurance policies, as to death or total or permanent total disability in multiples of \$500 up to \$10,000 for insurable veterans of (1) World War No. 1 or (2) World War No. 2 and (3) of peacetime servicemen who applied therefor prior to October 8, 1940, with lien loans permissible up to 94 percent of reserve value, at interest of 5 percent per annum.

11. Incompetent and minor beneficiaries generally receive their monetary benefits, if any, through guardians, whose accountings are periodically inspected by regional attorneys of the Veterans' Administration, but payment may be made to



the wife of an incompetent veteran having no guardian or to a minor widow for herself and child or children.

12. All monetary benefits from the Veterans' Administration, as well as supplemental pay from an employer-trainer during on-the-job placement training under Public 16, are excluded from income for tax purposes, and are exempt from the claims of private creditors, or of the United States, except as to the indebted beneficiary and except as to overpayments or illegal payments by the Veterans' Administration, and are not liable to attachment, levy, or seizure by or under any legal or equitable process either before or after receipt by the beneficiary.

### III. MEDICAL TREATMENT AND DOMICILIARY CARE FOR VETERANS

1. Hospital treatment, or out-patient medical or dental treatment, including necessary medicines and prosthetic appliances, with institutional training in the use of such appliances, may be furnished certain persons medically determined to be in need thereof for service-connected disabilities. Out-patient treatment may also be authorized for any non-service-connected conditions, which is associated with and aggravating a service-connected disability, as adjunct treatment.

2. Hospital treatment or domiciliary care for non-service-connected disabilities under certain conditions may be furnished when needed for any war veteran discharged under conditions other than dishonorable, or for any peacetime veteran discharged from service for disability incurred in line of duty or who is in receipt of pensions for service-connected disability.

3. Transportation may be furnished to, and back from, Veterans' Administration facilities, when authorized in advance, for examination, medical treatment, hospitalization, or domiciliary care.

4. Clothing may be furnished at Government expense to beneficiaries receiving hospital treatment or domiciliary care in Veterans' Administration facilities, when necessary for protection of health or for sanitary reasons and when such beneficiaries are without means and receiving less than \$10 per month for their own personal use. Toilet articles, barber service, tobacco, etc., are furnished beneficiaries receiving hospitalization or domiciliary care in Veterans' Administration facilities, whose total income is less than \$6 per month.

### IV. MISCELLANEOUS BENEFITS FOR VETERANS

1. Vocational rehabilitation courses not exceeding 4 years, including placement in suitable gainful employment, furnished by the Veterans' Administration for service-connected disabled veterans of World War II, including persons who served in active military or naval service on or after September 16, 1940, discharged under conditions other than dishonorable, who are feasible therefor and in need thereof to overcome a service-incurred handicap, with tuition and books paid for by Veterans' Administration with training allowance of \$92 per month, plus \$11.50 for wife, plus \$5.75 for each minor child and dependent parent, unless entitled to more on the basis of service-connected disability.

2. Education or training, not to exceed 1 year, at any institution of the veteran's choice, for veterans of World War II, including persons who served in active military or naval service on or after September 16, 1940, discharged under conditions other than dishonorable after 90 days' service or more or for disability incurred in service in line of duty, plus 1 month for each month of service, but not to exceed 4 years of education, under certain conditions, with subsistence allowance of \$50 per month, or \$75 per month if the veteran has dependents; tuition and all other fees and expenses not to exceed \$500 per school year, to be paid by the Veterans' Administration.

3. Guaranty by the Veterans' Administration of not to exceed 50 percent of a loan or loans, the aggregate amount guaranteed not to exceed \$2,000 for the purchase or construction of homes, farms, and business property. Such loans may bear interest not to exceed 4 percent and are payable in 20 years. This benefit is available to World War II veterans and persons who served on or after September 16, 1940, with service requirements the same as those for education or training.

4. Readjustment allowances of \$20 per week for a period not to exceed 52 weeks for unemployed World War II veterans, including those persons who served after September 16, 1940, under the same service requirements as for education or training. Self-employed veterans earning less than \$100 per month are eligible for readjustment allowances representing the difference between their net earnings and \$100 per month.



5. A seeing-eye or guide dog for the aid of blind veterans may be provided blind veterans entitled to disability compensation. Also, there may be provided mechanical and electronic equipment to aid them in overcoming the handicap of blindness. Blind veterans, as well as other blind individuals, are allowed to deduct \$500 from adjusted gross income in determining net income under the Federal income-tax law.

6. Certain preferences as to Federal civil service, as to physical and age prerequisites, examinations, ratings, appointments, retentions, and reinstatement of Federal employment are extended to qualified service-connected disabled veterans, war and campaign service veterans, and the unremarried widows of such war and campaign-service veterans, supplemented by extensive United States Employment Service and Veterans' Employment Service, in every State, for all unemployed veterans, and an effective job counseling and employment placement service so as to provide the maximum opportunity for gainful employment. Any World War II veteran who applies therefor within 90 days after relieved from active duty or service, or from hospitalization continuing after discharge for a period of not more than 1 year, is entitled to reinstatement to the Federal position held at time of entering service, or to one of equal grade and pay, or to his previous private permanent employment, for a period of 1 year, where at all practicable for employer, enforceable by court order if necessary.

7. Credit for all active military or naval service for Federal civil-service retirement, with minor exceptions.

8. Credit for all active war service for railroad-retirement purposes.

9. Burial allowance, up to the amount of \$100, may be paid as to any war veteran discharged under conditions other than dishonorable, or in receipt of pension or compensation, as to any veteran discharged from the armed forces for disability incurred in line of duty or in receipt of pension for service-connected disability. A United States flag to drape the casket, subsequently to be turned over to the next of kin, may be furnished as to any veteran whose death occurred after discharge from active service during any war or after serving at least one enlistment, or by reason of disability incurred in line of duty. Burial in a national cemetery may be arranged as to any honorably discharged veteran or as to anyone who dies while in active service, with the right of burial therein of his wife or widow, and, under certain circumstances, as to his minor children or adult unmarried daughters. The expenses incident to transporting the body of one who has died while in active service, or of a veteran who has died in a Veterans' Administration facility, to the place of burial, are, within limitations, borne by the Government. Headstone or marker—stone or marble—may be furnished for the unmarked grave of any honorably discharged veteran or as to anyone who died while in the active service.

10. Various benefits, rights, preferences, and privileges are also provided as to certain veterans, their dependents, and their organizations under State laws, as per the résumé thereof, published by the House Committee on Pensions, entitled "State Veteran Laws."

#### V. MONETARY BENEFITS FOR DEPENDENTS OF VETERANS

1. Death compensation or pension, under varying conditions and amounts, to widows, minor and helpless children, and dependent parents of those deceased veterans who have died in service or as a result of their service-connected disabilities.

2. Death pension, in smaller amounts, under certain conditions, to dependent widows and minor and helpless children of deceased veterans of World War I and those veterans of World War II who, at time of death, have some service-connected disability of measurable degree.

3. Death pensions, under certain conditions, to widows and minor and helpless children of deceased Civil War, Spanish-American War, Philippine Insurrection, Boxer Rebellion, and Indian war veterans.

#### VI. BENEFITS FOR SERVICEWOMEN

The Women's Army Auxiliary Corps, which is no longer in existence, having been superseded by the Women's Army Corps, was an auxiliary component of the Army, and as such was not generally covered by laws administered by the Veterans' Administration, but its members are entitled to hospitalization and domiciliary care by the Veterans' Administration. Members of the Women's Army Corps, the Women's Reserve of the Navy and Marine Corps and Women's

Reserve of the Coast Guard, which are components of the Army, Navy, Marine Corps, and Coast Guard, on the basis of active duty, are eligible for veterans' benefits.

As to rights to hospitalization, domiciliary care, and burial benefits, on a parity with war veterans, under laws administered by the Veterans' Administration, the term "active military or naval service" includes active duty as a member of the Women's Army Auxiliary Corps, Women's Reserve of the Navy and Marine Corps, and the Women's Reserve of the Coast Guard. Members of the Women's Army Corps, the Women's Reserve of the Navy and Marine Corps, and the Women's Reserve of the Coast Guard are also eligible for these benefits as members of components of the Army, Navy, Marine Corps and Coast Guard on the basis of active service in World War II.

Mrs. ROGERS. I think it would be fine if you could have inserted in the record all of your recommendations concerning legislation and outline your policies and objectives.

Mr. COHN. I am glad that Mrs. Rogers has requested the outline of the policies and objectives of the DAV to be inserted in the record and, at this point, for the purpose of comparison, I would like also inserted in the record an outline of the benefits for servicemen, ex-servicemen and their dependents.

Mr. PETERSON. Yes.

(The documents referred to follow:)

## OUTLINE OF POLICIES AND OBJECTIVES OF DISABLED AMERICAN VETERANS

(Prepared by Millard W. Rice, national service director, Disabled American Veterans, May 3, 1945)

### I. PRESERVE AMERICA AND ITS FREEDOMS

#### A. PROTECT AMERICA

1. Collaborate with Allies to force, preserve peace (D6).
2. Maintain adequate specialized armed forces (D2, 3).
3. Maintain a two-ocean navy (D4).
4. Produce needed war matériel quickly.
5. Mobilize America's manpower efficiently.
6. One year's training for all young men (D1).

#### B. PROVIDE ADEQUATELY FOR AMERICA'S DEFENDERS AND THEIR DEPENDENTS

1. Maintain adequate pay during service, supplemented by adequate postwar adjustments on an "earned merits" basis (H. R. 127, by Hon. John Lesinski, of Michigan; now before the Committee on Ways and Means).
2. Liberalize national service life insurance provisions (H. R. 2359, by Hon. John E. Rankin, of Mississippi, chairman of the House Committee on World War Veterans' Legislation; referred to his committee; also S. 650. R. 57, 62).
3. Establish Army, Navy, and Marine Corps boards of appeals and reviews, with authority to revise discharge certificates; now in operation (R7).
4. Medical records to be completely assembled before discharge (R 6).

#### C. ELIMINATE EXCESS PROFITS FROM ALL-OUT WAR FOR FREEDOM

1. Control purchasing power of United States money.
2. Impose taxes in accordance with ability to pay.
3. Regulate men, money, matériel, machines toward war victory.

#### D. PERPETUATE AMERICANISM

1. Protect Americanism by its promotion.
2. Promote workable representative democracy.
3. Protect democratic institutions against subversive forces.
  - (a) Have all persons fingerprinted, registered, and identified (H. R. 601, by Hon. Raymond S. Springer, of Indiana. Referred to Committee on the Judiciary, A1).

(b) Issue certificates to all citizens (H. R. 415, by Hon. Harold C. Hagen, of Minnesota; referred to Committee on Immigration and Naturalization).

4. Extend citizenship to those who have faithfully served in our armed forces (A2).

## II. PROMOTE WELFARE OF DEPENDENTS OF SERVICE DISABLED

(a) Provide pension of \$60 per month to widows of war veterans who have died by reason of service-connected disability or have suffered permanent total combat disability (as to combat cases, H. R. 2047, by Mr. Hagen, R. 72; as to service-connected cases, H. R. 328, by Hon Edith Nourse Rogers, of Massachusetts, R 19; both bills now before Committee on World War Veterans' Legislation).

(b) Provide pension of \$50 per month to widows of deceased war veterans who were suffering from service-connected disability (R 73).

1. Eliminate "needs" test (H. R. 1496, by Hon. A. Leonard Allen, of Louisiana; now before the Committee on World War Veterans' Legislation (R. 38, 41).

(c) Extend pensions to dependents of veterans who have suffered disabilities traceable to examinations, or hospital treatment, or vocational training (H. R. 569, by Mr. Rankin, and now before his Committee on World War Veterans' Legislation, R. 74).

(d) Widows otherwise eligible for pensions to be eligible if married to and living with the veteran for 2 years immediately preceding his death, or, if being married, she gave birth to a child by the veteran (H. R. 2150, by Mr. Hagen; referred to Committee on Invalid Pensions; R. 34, 69).

(e) Provide pensions to dependent parents of deceased service-connected disabled war veterans (H. R. 12047, by Mr. Hagen; now before Committee on World War Veterans' Legislation; R. 72).

## III. PROMOTE WELFARE OF AMERICA'S DISABLED DEFENDERS

(a) Keep Veterans' Administration primarily for disabled veterans and their dependents, and transfer other responsibilities to other agencies (R. 4, 18).

(b) Extend disabled American veterans' services to all of America's disabled veterans and their dependents (N. S. D. Report).

1. Through expended national and local service officers' set-up and by extensive educational publicity.

(c) Liberalize adjudication policies.

1. Decentralize authority to readjudicate all claims, with right to sue after final denial (H. R. 150, by Hon. Jerry Voorhis, of California, and referred to the Committee on World War Veterans' Legislation; R. 71).

2. Reinstate direct service connections granted in 1933-34 by the President's review boards (H. R. 559, by Mr. Rankin; now before the Committee on World War Veterans' Legislation, R. 2).

3. As to aggravations (H. R. 1935, by Mr. Rankin; now before Committee on World War Veterans' Legislation; R. 49, 65).

4. As to disability retirement benefits (H. R. 1365, by Hon. Overton Brooks, of Louisiana; now before Committee on Military Affairs; R. 2, 67).

(d) Increased monetary benefits for disabled defenders.

1. Provide living-cost allowances for dependents of all compensated and pensioned disabled veterans (H. R. 1872, by Mr. Rankin; now before Committee on World War Veterans' Legislation; R. 17, 64).

2. Increase vocational training pay (H. R. 551 and H. R. 1872, by Mr. Rankin; R. 64).

3. Increase compensation and pension payments by 10 percent for each 10-percent increase in the cost of living over 1940 figures (H. R. 1291, by Hon. J. Hardin Peterson, of Florida; referred to Committee on World War Veterans' Legislation, R. 14).

4. Extend 15-percent increase to statutory awards (H. R. 1944, by Mr. Rankin; referred to Committee on World War Veterans' Legislation; R. 37).

5. Provide same compensation rates for World War II veterans as to World War I veterans (H. R. 1936, by Mr. Rankin, and referred to his Committee on World War Veterans' Legislation; R. 2).

6. Provide minimum 10-percent rating for wounded or gassed veterans (H. R. 138, by Mr. Voorhis, and now before the Committee on World War Veterans' Legislation, R. 15).

7. Increase basic ratings by 20 percent for each 5 years after age 40 (H. R. 1582, by Voorhis; referred to Committee on World War Veterans' Legislation; R. 16).



8. Restore full compensation to the so-called presumptives (H. R. 575, by Mr. Rankin; now before the Committee on World War Veterans' Legislation; R. 8, 31).

9. Provide full compensation for single veterans while hospitalized (H. R. 556, by Mr. Peterson, and referred to Committee on World War Veterans' Legislation; R. 23).

10. Increase pensions to war veterans with permanent total nonservice-connected disabilities to \$60 per month (H. R. 1451, by Mr. Voorhis; Referred to Committee on World War Veterans' Legislation; R. 9).

11. Authorize payment of compensation for partial service-connected disability plus the percentage of pension for permanent total disability (nonservice) equal to the difference between 100 percent and his degree of service-connected disability (H. R. 555, by Mr. Rankin; now before Committee on World War Veterans' Legislation; R. 3).

12. Increase pension to service disabled regulars to 90 percent of wartime rates (H. R. 279, by Mr. Lesinski; referred to the Committee on Invalid Pensions; R. 2).

13. Increase attendant's allowance to \$75 per month (H. R. 1933, by Mr. Rankin; now before Committee on World War Veterans' Legislation; R. 28).

(e) Liberalize Veterans' Administration determinations.

1. Facilitate and expedite adjudication of claims of disabled veterans (R. 5, 25).

2. Determine permanent and total disability on individual ability to follow any substantially gainful occupation (H. R. 106, by Mr. Voorhis; referred to Committee on World War Veterans' Legislation; R. 10).

3. Eliminate statutory limitations as to applications for benefits (H. R. 1365, by Mr. Brooks, as to disabled emergency officers' retirement benefits; referred to Committee on Military Affairs; R. 29, 68. H. R. 1702, by Hon. John J. Sparkman, of Alabama, as to decorations, and referred to the Committee on Military Affairs; R. 67. H. R. 1124, by Hon. Frank Carlson, of Kansas, as to adjusted compensation; now before the Committee on Ways and Means; R. 75. H. R. 1932, by Mr. Rankin as to veterans' benefits, and referred to Committee on World War Veterans' Legislation; R. 67).

4. Limit misconduct bar to willful or felonious misconduct (H. R. 560 by Mr. Rankin, and referred to the Committee on World War Veterans' Legislation; R. 20).

5. Adjudicate claims retroactively according to facts (H. R. 564 by Mr. Rankin; now before Committee on World War Veterans' Legislation; R. 70).

6. Forfeit benefits only where evidence is clearly not sufficient, but subject those guilty of fraud to fine or imprisonment (H. R. 500, by Hon. John L. McMillan, of South Carolina; referred to Committee on World War Veterans' Legislation; R. 22).

7. Extend time within which to make appeal from decisions of rating agencies (H. R. 695, by Hon. Joseph R. Bryson, of South Carolina; now before Committee on World War Veterans' Legislation; R. 66).

8. Provide minimum rating of 1 percent for veterans noted as having some disability at time of discharge (H. R. 1495, by Mr. Allen; referred to Committee on World War Veterans' Legislation; R. 12).

9. Reduce permanent ratings only for fraud or gross error (H. R. 1579, by Mr. Rankin, and referred to his Committee on World War Veterans' Legislation; R. 11).

(f) Liberalize insurance benefits.

1. Reduce interest on Government insurance policy loans to 3½ percent (H. R. 343, by Hon. Victor Wickersham, of Oklahoma; referred to Committee on Ways and Means; R. 2).

2. Permit suit on any Government life-insurance policy at any time (H. R. 1293, by Mr. Peterson, and now before the Committee on World War Veterans' Legislation; R. 60).

3. Insurance judgments to be binding upon Veterans' Administration until modified by court order (H. R. 722, by Hon. John S. Gibson, of Georgia; referred to Committee on World War Veterans' Legislation; R. 58).

4. Make Government life-insurance policies incontestable after 1 year and return premiums on canceled policies (H. R. 533, by Mr. Rankin; referred to Committee on World War Veterans' Legislation; R. 2).

5. Continue permanent total disability insurance protection to veterans who have received 40 or more monthly installments of insurance benefits (H. R. 554, by Mr. Rankin; now before Committee on World War Veterans' Legislation; R. 59).

(g) Facilitate suitable employment of service disabled (E. 3).

1. Require Veterans' Administration to reimburse all State workmen's compensation costs as to service-connected disabled veteran employees. (H. R. 1533, by Mr. Rankin; referred to Committee on World War Veterans' Legislation; E. 6).

2. Extend effective preferences for veterans, their wives, and widows, for all Government employment for which qualified (E. 2, 4.)

3. Extend full vocational training and suitable employment to all handicapped service veterans (H. R. 562, by Mr. Rankin; now before Committee on World War Veterans' Legislation; E. 3, 4, 5, 7).

4. Exempt disabled veterans deemed to be a risk to civil-service retirement fund from the provisions of such act, and then cover them into the social-security retirement provisions (H. R. 314, by Mr. McMillan; referred to Committee on the Civil Service; E. 11).

5. Provide optional civil-service retirement after 25 years of Federal employment (H. R. 74, by Hon. Thomas J. Lane, of Massachusetts; now before Committee on the Civil Service; E. 8, 9).

6. Credit vocational training for civil-service retirement (H. R. 1893, by Hon. Pat Cannon, of Florida; now before Committee on the Civil Service; E. 10).

7. Extend preference and credit to war veterans as to purchase of surplus property (I. 3).

8. Extend credit for time lost by reason of service-connected disability for railroad-retirement purposes (L. 4).

(h) Eliminate existing inequalities and inequities as among various similar groups of disabled veterans and their dependents, and uniformize administrative provisions (R. 2).

1. As to useless limbs (H. R. 2254, by Mr. Brooks; referred to the Committee on World War Veterans' Legislation).

2. "Compensation" and "pension" defined (H. R. 1938, by Mr. Rankin and referred to the Committee on World War Veterans' Legislation; R. 1).

3. As to number of dependents (H. R. 561 by Mr. Rankin; now before Committee on World War Veterans' Legislation; R. 2).

4. As to children (H. R. 582, by Mrs. Rogers; referred to Committee on World War Veterans' Legislation; R. 2).

5. As to parents (H. R. 556, by Mr. Rankin, and now before World War Veterans' Committee; R. 2).

(i) Needed hospitalization, domiciliary care, and out-patient treatment to be available for all veterans with service-connected disabilities; R. 26, 27.

(j) Additional Veterans' Administration facilities according to veterans population needs (H. R. 1422, by Hon. Joe B. Bates, of Kentucky; now before the Committee on World War Veterans' Legislation; R. 2).

(k) Liberalize adjunct treatments and dental treatment (R. 30).

(l) Provide miscellaneous benefits.

1. Liberalize State laws and appropriations affecting veterans, their dependents, and their organizations.

2. September 8, 1939, beginning of World War II (H. R. 1945, by Mr. Rankin, and referred to the Committee on Invalid Pensions).

3. WAAC to have same status as WAC (H. R. 1405, by Hon. Clinton P. Anderson, of New Mexico; referred to Committee on World War Veterans' Legislation; R. 3).

4. Extend adjusted compensation for World War I provisional officers (H. R. 1161, by Mr. Carlson; referred to Committee on Ways and Means; R. 21).

5. Issue new adjusted-service certificates for those not recoverable (H. R. 1162, by Mr. Carlson. Now before Committee on Ways and Means; R. 2).

6. Orthopedic appliances for all veterans who need them (H. R. 1581, by Mr. Rankin; referred to Committee on World War Veterans' Legislation; R. 3).

7. National war memorial auditorium in the Nation's Capital (H. R. 770, by Hon. Harry R. Sheppard, of California; referred to Committee on Public Buildings and Grounds; L. 2).

8. Increase burial allowance to \$200 (H. R. 1939, by Mr. Rankin. Now before Committee on World War Veterans' Legislation; R. 78).

9. National cemetery in every State (H. R. 1273, by Hon. Paul J. Kilday, of Texas; referred to Committee on Military Affairs; L. 1).

10. Veterans' Administration to conduct research re tuberculosis and other ailments (R. 24).

11. Liberalize eligibility for mustering-out payments (H. R. 731, by Hon. Bernard W. Kearney, of New York; referred to Committee on Military Affairs; R. 36).

12. Chiropractic and osteopathic adjustments to be available for treatment of veterans (R. 80).

13. Incompetents to be transferred with two attendants with all costs plus \$5 per day per attendant (R. 79).

14. Exempt allotments by servicemen, as well as Veterans' Administration pensions, as income for old-age assistance purposes (L. 5).

Mr. COHN. Thank you very much.

Mr. PETERSON. For the benefit of the committee, that is the roll call on final passage of the bill. Now, we can go over one or two at a time.

### STATEMENT OF FRANK HALEY, NATIONAL SERVICE DIRECTOR, MILITARY ORDER OF THE PURPLE HEART

Mr. PETERSON. You may proceed. We are glad to have you.

Mr. HALEY. The Military Order of the Purple Heart being a comparatively—speaking numerically—small organization, not having representatives in all offices and facilities as have some of the larger veterans' organizations, enabling them to demand and receive reports from all over the country, we are unable to submit testimony covering all, but merely a few, of the largest hospitals such as Fort Snelling, Minn.; Wood, Wis.; Hines, Ill. general hospitals, and Coatsville, Pa., NP hospital. All of these were visited during the latter part of May by our national commander, Harold H. Hamilton.

Aside from these, I personally visited Hospital 81, Bronx, N. Y., general hospital; Northport, Long Island, N. Y., NP hospital; and Lyons, N. J., NP hospital, on which conditions I will appreciate being permitted to testify.

Information has been submitted to our Washington office by the representative of the MOPH in the Newington, Conn., facility, who in summing up points on their various minor inequities existing, but states these are in fact due to inability of securing, when needed, all of the necessary equipment and supplies, the lack of personnel and the overcrowded condition.

Our representative at Fort Howard, Md., submits that the hospital there is a comparatively speaking new hospital, is a fine hospital, immaculately clean, well managed, and that the patients are well pleased with conditions there.

Our representative in the Veterans' Administration facility at Batavia, N. Y., in answer to Commander Hamilton's request for a complete report on conditions in that hospital submits the following written report which I would like to submit for the record.

Mr. PETERSON. Without objection it will be included in the record. (The report referred to follows:)

THE MILITARY ORDER OF THE PURPLE HEART,  
NATIONAL SERVICE DEPARTMENT,  
Washington 5, D. C., June 6, 1945.

Col. FRANK HALEY,  
*National Service Director, Military Order of the Purple Heart,*  
Washington, D. C.

DEAR COLONEL HALEY: In pursuance of your request that I make a thorough inspection of the Veterans' facility at Batavia, N. Y., I beg leave to report as follows:

(1) As to the physical condition of the buildings, etc., I found these in excellent condition, well cared for, very clean, and inviting looking. I insert herewith the physical condition and capacity of this facility.



This hospital has a capacity of 295 beds. There are at present 238 patients, with 57 vacant beds. The patients are classified as follows: General medical and surgical, 215; neuropsychiatric, 14; tuberculosis, 7; employment compensation case, 1; War Department, 1.

The medical staff consists of 4 general medical officers; 3 surgical officers; 2 psychiatrists; 2 TB specialists; 1 heart specialist; 1 eye, ear, nose, throat; 1 roentgenologist; and 2 dentists. This hospital has been having difficulties in securing adequate medical service; but is now fully staffed for its present capacity.

The nursing staff consists of 1 chief nurse; 1 supervisor of cadet nurses; 8 head nurses; 28 staff nurses, and 20 cadet nurses.

An inspection of the hospital kitchen shows adequate space equipped with thoroughly modern kitchen equipment, entirely satisfactory from the standpoint of cleanliness and general housekeeping. There is adequate food storage space immediately adjacent to the kitchen for such bulk foods as canned goods, flour, sugar, coffee, tea, etc., and a special storage space for general vegetables including potatoes which are stored on racks.

Refrigeration facilities are of adequate capacity and include separate units for (1) milk and butter; (2) meat products and cheese; (3) eggs and perishable foods and vegetables. Where perishable foods such as butter, poultry, etc., are purchased in large quantities they are kept in cold storage in Rochester, and unit quantities brought to the facility as needed. There are adequate facilities for garbage removal including a refrigerating unit where it may be kept until otherwise disposed of.

A talk with the dietitian and the supply officer indicates that the only food difficulty at present encountered is getting adequate variety due to the present market shortage; a condition which prevails everywhere and which Batavia seems to have solved through foresight in quantity purchases when available.

Food is served to ambulatory patients in a large cafeteria entirely adequate in capacity and service. Special diet patients are served at tables reserved for this purpose. Bed patients are served from hot-tray carts of which there is an adequate supply.

I talked with several patients and all seemed entirely satisfied with the treatment and service they receive, and with the food and its method of serving. That this is not a temporary condition but one which has prevailed at this hospital is confirmed by conversations which I have had with veterans discharged from this hospital during the past 2 years, none of whom had any serious complaints in service or food and many of whom talked favorably in comparing with other types of hospitals. On file in the manager's office were several clippings from Buffalo and nearby newspapers all confirming the generally favorable impression of this facility as a general medical hospital.

(2) In relation to the manner in which this facility is conducted:

It was my privilege to serve in the Twenty-seventh Division with many of the men eligible to receive treatment at this facility. I have sent many men to this facility and upon their discharge have talked with them fully and thoroughly. I also visited many hundreds of the patients at this facility, many of whom were personally acquainted with me and were not afraid to confide fully in me. Many of these interviews were at the facility itself.

In the many hundreds of men with whom I have talked I never found one who made a single complaint as to the care and sympathy that he received at this institution. I was especially interested in finding if any of these men had any complaint as to their treatment and the method in which they were treated by the administrative head of this facility and his assistants. In every instance the men spoke in a laudatory manner of the method in which this facility is administered and after a thorough investigation and many conversations with me would be respected, I can only say that the manager of this facility is a man of the highest administrative capacity who has done a most difficult job in a highly commendatory manner, and this applies to the staff working under him.

I can only conclude at this facility everything possible to be done for the wounded, the maimed, and the sick is done in a careful, cleanly, sympathetic, scientific way, and I can offer no suggestions either for the betterment of this facility or the improvement in its management by the administrator and his staff.

All of which is respectfully submitted.

Respectfully yours,

IRVING J. DAVIS,  
*National Service Officer.*

Mr. HALEY. Mr. Chairman, while the Military Order of the Purple Heart as an organization does not desire to and will not become a party to any whitewashing procedure in connection with the Veterans' Administration, not only its hospitals and facilities but other departments and bureaus within the Administration, we by the same token will not be a party to hanging anyone in connection with the Veterans' Administration without the advantage of a fair and impartial hearing and the presentation of all evidence good and bad, which I feel will be accorded them by your committee.

Mr. Chairman, I feel confident from my limited personal observation and am willing to concede that this investigation by your committee has already brought about effective improvement in many instances. I think it is reasonable to assume that when the resolution was passed by Congress creating your committee as the investigating committee of Veterans' Administration, managers, and other personnel in charge of these hospitals took immediate steps themselves to check on all alleged charges and to introduce and put into effect remedies of any ills they may readily discover. At least that is the impression I got from the contacts I personally made with managers and doctors in these hospitals, and I am equally convinced that at present, at least, everything possible is being done to alleviate any bad odor in these hospitals. There undoubtedly, however, is room for further improvement, but it is also a question in my mind if improvements at the present time could be accomplished to any great extent under existing conditions of lack of personnel, which conditions I fear may continue for a long time to come as wounded and disabled veterans are being returned very rapidly from all sectors throughout the world.

In connection with this I might state that as far as Hospital 81, New York, is concerned I found on my visit there that there was considerable shortage in doctors and attendant personnel. That is all included in my written report giving the exact figures.

However, the nurses were up to quota. That I was informed was due to the fact that when the War Department threw out the scare that they were about to start drafting nurses, they immediately, those nurses up in New York, rushed to 81 and applied for positions, and in fact at that time when I was there the nurses were up to quota but, strange to say, when the War Department released a notice that it was not their intention to draft nurses, that it was no longer considered necessary, they immediately started handing in their resignations, and the day preceding my visit there were no less than six resignations handed in, accepted and signed by Colonel Cooke, and he fully expected that to continue so that it probably would not be long until there would be a shortage of nurses in that hospital.

However, as it applies to personnel, bed capacity, emergency beds, and all that, that is contained in the report which will be handed to this committee, written report.

A further observation, or if you please conclusion, made by me is that if the Veterans' Administration hospitals are even half as bad as alleged by some, I think a part of that blame can be charged to existing veterans' organizations and in particular to the organizations so frequently spoken of as "the big three," and they are equally to blame with the Veterans' Administration as these organizations have for many years maintained you may say constant representation



in regional offices, hospitals, and facilities and if they permitted all of these alleged abuses to get by them without registering vigorous complaint to the proper authorities, including if necessary Congress, they have slipped up on the job.

An observation which we believe can be charged directly to the Veterans' Administration is that while your Committee on Veterans' Legislation has been liberal in recommending to Congress appropriations for the Veterans' Administration, Congress being equally liberal in appropriating large funds, it is however an established fact by the records that this money appropriated has not been expended in accordance with the intent of Congress either as it applies to benefits to veterans or as it applies to rating, grading, and salaries paid to personnel including doctors, nurses, and attendants and all other personnel not only in hospitals and regional offices but in all departments, divisions, and sections throughout the Veterans' Administration.

The records show that each year vast funds have been saved from appropriations made to the Veterans' Administration and returned to the United States Treasury in order that the Veterans' Administration may be able to show a considerable saving in appropriations.

This money having been appropriated by Congress presumably with the intent that it be expended as indicated by the Budget, we do not believe such savings were intended or obligatory. The money was appropriated for certain purposes and could have been and should have been expended for purposes intended.

Mr. PETERSON. Captain, if you do not mind I am going to have to answer roll call and come back. If you do not mind we will recess and come back.

Mr. HALEY. I will just talk to myself.

Mr. PETERSON. No. If you do not mind we will recess until we get back. We will recess for about 10 minutes. Thank you very much.

(There followed a short recess.)

Mr. PETERSON. The committee will come to order, please.

You may proceed. Thank you very much.

Mr. HALEY. Thank you, Mr. Chairman. Perfectly all right with me.

The extremely low grades being maintained in ratings of the great majority of Veterans' Administration employees, many of whom were really competent workers and certainly should have rated a raise in grade with apportionate raise in salary, was the direct cause of the Veterans' Administration losing so many efficient and competent workers in all branches of the Administration during the past 2 or 3 years as these employees could apply to most any other Government department, bureau, or agency for employment and receive an immediate material increase in salary over what they had been drawing with the Veterans' Administration where there was little or no prospect of ever being increased. This situation has left the Veterans' Administration with new, young, and inexperienced workers and personnel that knew little or nothing about the work and apparently were not too anxious to learn, merely being there on parade, looking for quitting time and pay day.



(Mr. Rankin resumes the chair.)

Mr. HALEY. If permitted, I may submit some recommendations to your committee for its consideration to whatever extent it may deem proper.

Before reaching these recommendations, Mr. Chairman, I would like to make an explanation, at least as to that first recommendation.

I found in hospital 81, Bronx, N. Y., where the out-patient department had approximately 300 patients going through that department each day; 125 were being examined daily for rating purposes only. Another 100 or 125 were admitted there and examined on Form P-10.

Mr. ALLEN. How many doctors were doing that examining?

Mr. HALEY. Twenty-seven doctors doing those examinations.

That is also included, Mr. Allen, in my written report, the number of doctors, but there were 27 examiners.

In addition there were 75 patients going through that department each day that were receiving treatment. Those of course did not require daily examinations but those examinations must be made periodically to determine the effect of the treatments being given.

They found times when the examiners in that department could not handle the flow of patients, consequently doctors had been transferred from the wards down to the out-patient department to make examinations. This first recommendation covers that.

No. 1. That immediate steps be taken to transfer from Hospital 81, Bronx, N. Y., the out-patient department including the major portion of the dental clinic, only leaving a small dental clinic there for the benefit and use of in-patients. This would not only greatly improve existing conditions in the hospital itself as it applies to in-patients but would be of great benefit to out-patients referred to earlier in my testimony.

Mr. ALLEN. Captain, may I interrupt you there?

Mr. HALEY. Yes.

Mr. ALLEN. Did you say they examine these people?

Mr. HALEY. Yes. Yes; I did.

Mr. ALLEN. Well, about how much time do they give to an examination, say, of one man?

Mr. HALEY. Well, I was down in that out-patient department for I guess probably 20 or 25 minutes. I was there for a full day and I wanted to get through as much of that hospital as possible. But I want to say for the record that there were patients brought into the doctor's room and examined that were there not in excess of 10 minutes and probably less.

Mr. ALLEN. Did one man do the examining?

Mr. HALEY. One man.

Mr. ALLEN. Now, one man examined a man and passed on his physical condition for rating purposes in 10 minutes or less?

Mr. HALEY. Well, they can say how long it took an examiner. Now, one man, as I recall—there was one I will definitely state was not in that room with the doctor in excess of 10 minutes. Now, whether he was being examined for rating purposes only or whether he was a new patient being admitted on a P-10, I do not know.

Mr. ALLEN. Well, that rating he gets, that sticks to him as long as he lives?

Mr. HALEY. That is right.

Mr. ALLEN. It is subject to change all right, but it is pretty hard to change, and I am just anxious to see that these men have an adequate examination.

Mr. HALEY. I am just informed, Mr. Allen, that those are not original examinations but reexaminations for reratings, which would, of course, probably require a little less time than an initial examination.

The CHAIRMAN. Checking up on former examinations.

Mr. HALEY. That is right.

No. 2. That steps be taken to materially improve the transportation facilities not only of patients but of visitors to such hospitals at Northport, N. Y., and Lyons, N. J., which has also been referred to in my earlier testimony—that is included in my report covering these hospitals—and perhaps also to many other hospitals located in various sections of the country in what may be called isolated places away from existing main transportation arteries.

In connection with this, Mr. Chairman, I may state that at Lyons, N. J., the Weehawken Railroad has a spur running in there and the station is 3 miles from the hospital, and the bus transportation from that station to the hospital is definitely very poor. They have one bus there; it is not a large one, and the day I was there it was visiting day and there were a good many visitors in the hospital, and I believe there were some of the women who had to walk from that hospital 3 miles to the station.

The CHAIRMAN. Where was that?

Mr. HALEY. At Lyons, N. J. And there is only one way to get there. You can get there by taking a train at Hoboken and going to Summit, N. J. That is 10 miles from the hospital. There is no bus service at Summit, but there are a number of taxis there which charge \$3 and some of them \$4 for a single trip, which makes it quite expensive for a mother or relative or a visitor to get to that hospital.

And those transportation facilities apply as well to Northport, Long Island, which is also quite hard to get to.

No. 3. The establishment of the medical department of the Veterans' Administration on a basis similar to that of the United States Public Health Service consisting of Medical Corps with the Surgeon General at the head of it being at least as free from lay and civil-service supervision as is at present the Surgeon General of the Public Health Service.

We understand there is at present being introduced before Congress a bill or bills to that effect which would even go further as far as the Veterans' Administration as an outstanding Government agency is concerned, in that the head of the Veterans' Administration should be a Cabinet member. Such legislation, I am confident the Military Order of the Purple Heart will support as for a number of years our organization has advocated such proposed change in the medical department of the Veterans' Administration.

No. 4. In the establishment of such Medical Corps in the Veterans' Administration a rigid screening of the present medical personnel before admission to this corps should be carefully conducted and a high standard of admittance for future personnel maintained.

No. 5. Immediate steps be taken by the Administrator of Veterans' Affairs in conjunction with the head of the Personnel Bureau to re-rate all employees for grading purposes with accompanying increase in salary, this to apply in particular to employees, men and women, having had long service in the Veterans' Administration, not only in central office but in the field, all regional offices, hospitals, and facilities.

No. 6. We advocate and recommend amendments to existing laws permitting the present glaring discrimination against single men without dependents being hospitalized. This committee is fully cognizant of such proposed amendments as they have on many occasions been before your committee in connection with new legislation introduced and considered and/or amendments to existing legislation.

In conclusion, Mr. Chairman, I desire to express my appreciation to you and your entire committee for courtesies extended in permitting me to appear before you as a representative of an organization which I am pleased to say is not, and I hope never will be, one of the largest veterans' organizations numerically but which membership consists of veterans that had the privilege of standing up to be shot at and shot in defense of our flag, our country, and its institutions.

Thank you.

Mr. Chairman, in further elucidating on that, I have listened to testimony here by representatives of the various veterans' organizations and I want to say now for the record that the Military Order of the Purple Heart fully appreciates the support given us by other veterans' organizations, but I also want to invite the attention of the committee to this fact, that the two larger organizations, the American Legion and the VFW, whose membership is largely composed of men that were neither wounded nor disabled, the majority of the membership is composed of just ordinary discharged soldiers and sailors.

Now, it has been stated that the first should come first. That is agreed upon by every organization, judging from what testimony I have listened to here today, and testimony given on many previous occasions.

However, it is the most natural thing in my opinion to believe that these organizations cannot and, as a matter of fact, being a member myself for many years of everyone of these organizations, I know that they are not giving that first consideration to the first, for the simple reason that there are many other things that they must consider. They must consider their membership, what it is made up of, and to increase in members; consequently they certainly must give a good deal, and I say the majority of their time, to the veterans that are neither wounded nor disabled.

And I am not saying that, Mr. Chairman, to criticize anyone, but I merely want to correct an idea that I believe is prevailing throughout this country that such an organization which I represent is not



necessary, it is not needed, because all of our members, all of our wounded and disabled men have so amply been taken care of by other veterans' organizations, and I say that idea is prevailing throughout the country among the general public, so they do not know why we should be in existence.

Well, I have always maintained that we were first and we should be first today and at all times, and I hope that this will be construed and accepted in the spirit in which it is given.

Mr. Chairman, as I stated in my opening statement, our national commander, Mr. Hamilton, has personally visited some of the hospitals through the Middle West, Minneapolis, Wood, Wis., Hines, Ill., and Coatesville, Pa.

Unfortunately he has been indisposed since he came back from that observation trip and he has not been able to prepare a statement. However, a statement will be prepared, written statement, and it will at a later time be submitted to the counsel or to you, Mr. Chairman of his committee.

I am with these reports covering my 3-day visits in these hospitals, submitting menus covering a week in each one of those hospitals, and I want to tell the world I was—I went through the refrigeration plants, through the sanitation plants, through the kitchens, through the dining rooms, and through the wards.

I saw that food delivered there, I saw how it is being kept, I saw how it is prepared in these cooling rooms for the kitchens, I saw it cooked, and I saw it served in the main dining rooms and on the wards, and I want to say that out of all the men whom I personally talked to in these hospitals—and I am frank to say, and I am not stretching it, that I talked to at least 100 men in these three hospitals individually and as many more collectively in wards where there were probably six or eight beds in the one room——

(The matter referred to is as follows:)

REPORT OF VETERANS' ADMINISTRATION HOSPITAL INVESTIGATION, VETERANS' ADMINISTRATION FACILITY No. 81, BRONX, N. Y. (GENERAL MEDICAL HOSPITAL); VETERANS' ADMINISTRATION FACILITY, NORTHPORT, LONG ISLAND, N. Y. (NEUROPSYCHIATRIC HOSPITAL); AND VETERANS' ADMINISTRATION FACILITY, LYONS, N. J. (NEUROPSYCHIATRIC HOSPITAL)

This report of conditions found in the above referred to Veterans' Administration hospitals is based on personal observation and contact with the manager, doctors, nurses, other personnel, and a large number of patients being hospitalized and treated for various disabilities in these hospitals.

In the event my qualification as an expert investigator of hospitals is questioned, I desire to preface my remarks by the following: I am not a medical man and for that reason must and will refrain from making any statement or drawing any conclusion dealing with medical, surgical, orthopedic, or any other nature of treatment which in my opinion only an M. D. is qualified to prescribe or even intelligently discuss. However, as I have for well over 20 years been more or less in constant contact with not only Veterans' Administration hospitals but Public Health hospitals, Army and Navy hospitals, and on many occasions private hospitals, I feel that I am fully as well qualified as any layman in the role of hospital investigator.

The entire day of May 28, 1945, was spent at the Veterans' Administration General Hospital, Bronx, N. Y., where I arrived at 8:45 a. m. and remained until past 5 p. m. As no one knew of my visiting that hospital and only a very limited number of doctors or any other personnel knew me personally, I first

contacted Colonel Cook, the manager of the institution, explaining to him that as a representative of the Military Order of the Purple Heart I would welcome the opportunity of going through the hospital.

I first went through the refrigeration plant and the various cooling rooms where all food is kept, the rooms where the food was being prepared for the kitchen and the kitchen where all food is cooked. The manner of serving food not only to the main dining room but to all serving rooms in the various wards the food is brought in bulk from the main kitchen in large electrically heated closed carts then from there served on individual trays to bed patients and to individuals in smaller ward dining rooms.

I also requested permission to visit the various wards at will without any escort. I was told by Colonel Cook that the hospital was open to me and that I could go any place or anywhere I desired and that in fact he would welcome my going through the hospital from stem to stern. Colonel Cook then called in Dr. Fuller, chief surgeon, who knew me very well as a number of years ago I had been a patient of his at which time he performed an operation on me.

Dr. Fuller escorted me through the refrigeration plant, the kitchen, and main dining room which I visited during the noon meal which is the principal meal in that hospital, and I personally witnessed the food being served and eaten. After finishing the meal, the utensils were carried by each individual patient to the sterilizing plant where they were thoroughly sterilized.

I went in and out among the tables unaccompanied, talking with a number of patients, asking them a number of questions not only pertaining to the food which was being served but whether they had plenty of it, if it was palatable or if they had any complaints to register about the food. Invariably the answer was that the food was good and in fact many men told me it was far better than they could get on the outside or at home.

I also inquired of them as to the general treatment accorded them in the hospital and again I may say that I did not receive one complaint from any of the men in the main dining room where I spent 30 minutes mixing with the patients.

I then visited two sick wards where the patients were having their food in a small dining room or on a tray in bed, many of them being on various special diets. That also applied to the main dining room where several tables were provided for men on various special diets.

As far as the food itself was concerned, everyone expressed approval as well as the manner in which it was being served, it never being served cold.

I was then furnished with the complete menu covering the week of May 21, which I am herewith submitting for the record.

All food is prepared in the main kitchen, and all personnel and all patients are receiving the same food, nothing special being prepared with the exception of special diets, which are also given in the menu.

In the company of Dr. Fuller I again called on Colonel Cook who apologized for being unable to personally accompany me through the refrigeration plant, kitchen, and dining rooms.

I then discussed with him the conditions as they apply to bed capacity, emergency beds, personnel, and the out-patient clinic. I found by the records the actual bed capacity is 1,719 and that 205 emergency beds have been installed, there being over 1,900 beds actually set up and further expansion cannot be provided without expansion of the service facilities and this is in turn dependent upon the early removal of the out-patient activities from that station to the regional office at 215 West Twenty-fourth Street, New York City.

I also found that in the out-patient department in excess of 100 daily examinations are made for rating purposes exclusively, and from 100 to 125 examinations are made daily on Form P-10, that is of men applying for hospitalization or out-patient treatment. In addition to this, 75 men report to the out-patient clinic each day for treatment, all of which do not require daily examination but must be examined at given intervals in order to determine the effect of treatment given.

The dental laboratory, clinical laboratory, X-ray and physical therapy departments are all overwhelmed with the volume of out-patient work which interferes seriously with the in-patient activities.



If and when the out-patient department is removed to the downtown regional office the long trip by subway will be eliminated and the men will be served at the point where his basic case file is of record, and the difficulty that arises from the separation of the case file at such a distance from the out-patient activities will be excluded.

I was further informed that permission had been received from central office to remove the orthopedic shop and the vitallium and central dental laboratories from that station to the downtown regional office. This, when executed, will also result in much better service to the veteran and eliminate the long subway trip required to reach the hospital.

As it applies to priorities in securing personnel and supplies or equipment, the GI bill did give the Veterans' Administration some help in this regard inasmuch as the Veterans' Administration was placed second only to the military forces in the matter of priorities. However, it should be realized there is still a tremendous gap between the priorities granted the military services and the position of the Veterans' Administration as being second only to the armed forces. That phraseology of "being second only" can and does cover a multitude of sins which has been definitely demonstrated in Hospital 81 by their inability to secure certain essential equipment. As an illustration, a request had been put through to secure 75 collapsible wheel chairs. The request was granted and was to be filled on May 1, 1945, but up to the present date none of these chairs have been delivered, the explanation being that none are as yet available due, presumably, to the fact that the Army and Navy must be first supplied. It was explained that if a number of such chairs could be had there are a number of patients that could be discharged from the hospital.

While there is a shortage in doctors both in the out-patient department and the hospital proper, there being times when doctors must be transferred temporarily at least from the wards to the out-patient department in order that examinations can and will be completed each day so the patients will not be required to stay over all day and then not get examined and have to return for such examination at a later date. On the day I visited the hospital the out-patient waiting room was crowded. Every seat was filled at noon, many of course having been examined and dismissed. This condition of necessity materially affects the hospital itself and treatment of hospital patients, a fact which under existing conditions is unavoidable.

This hospital has a TB terminal ward with 74 beds, this ward consisting of a number of rooms some having 2, 3, and 4 beds, and others having as high as 10 or 12 beds in 1 room. All of these 74 beds in the TB ward were occupied with the exception of 2 on the date I visited the hospital. These TB cases are not held permanently in this hospital but many of them are transferred there from Veterans' Administration TB institutions for operational purposes, and others are admitted on Form P-10 and if upon examination TB is found they are held for a certain period of time more or less for observation purposes. If it is found they are in need of permanent hospitalization for TB, they will be transferred to regular TB hospitals. Others are being returned home if their home conditions are favorable to home treatment. In this ward I talked with many of the patients singly and in some instances collectively.

In visiting this and other wards I was alone and not accompanied by any Veterans' Administration official, doctor, or nurse, and when I introduced myself, telling them who I was and that I was trying to get first-hand information from them as to just how things were, how they were being treated, how they were being fed, and, in general, what the conditions were, I was invariably asked if I had anything to do with the Veterans' Administration or if I was in any way hooked up with the Veterans' Administration, and on being told I had no such connection but that I was merely representing the Military Order of the Purple Heart who was interested in knowing just what kind of treatment was accorded these men in the hospital and that in particular we were interested in getting information from Purple Hearters—of which there were a number in every ward principally from World War II—they invariably let their hair down and started talking. I must say that the majority of them had absolutely no complaint to make about the treatment received or about the food. In this TB ward out of 72 patients, of which I personally talked to at least 30, I had 1 complaint, that being registered by a Ross Alton, from Paterson, N. J., who complained because the nurses or attendants failed to answer the bell when he pushed the button, stating there were times he had to wait 10 or 15 minutes after having pushed the button before an attendant or nurse appeared. This man, incidentally, was



not a veteran from either war but was a peacetime ex-soldier prior to World War II.

There is another ward where there are some real sick patients, that being known as the tumor ward, although in reality it is the cancer ward but is never referred to as such, as they do not let the patients know they have cancer and hide that fact from them as far as possible. I personally saw and talked with a number of patients in that ward, most of whom were up and about, not being confined to bed, and they all said they felt fine, were being treated fine, liked the food, and expected to be discharged from the hospital shortly. I visited one very serious bed patient in this ward and met his wife and mother who had been at his bedside for 48 hours. He was in a very serious condition and was informed by the nurse in charge that they could hardly understand how the man still lived. While he was conscious he was not able to talk, but while talking with his wife and mother I asked them what they thought of the hospital and the treatment that had been given their son and husband, and they both stated it would have been impossible for him to have received any better treatment any place and that he had certainly had all of the best, and that as far as they themselves were concerned they had also been well taken care of at the hospital, and that no blame could possibly be placed on the doctors or nurses in the hospital, come what may.

I also met a Mr. Patterson, retired colonel, whose brother is also a retired former surgeon general appointed by President Hoover during his administration. I had quite a talk with him and he said while there undoubtedly were opportunities for improvement in certain respects that all in all under existing conditions he thought that the hospital and its entire staff were doing an excellent job.

Another problem involving personnel as it applies to assignment of Army medical officers which has been made in the past in an arbitrary fashion, and some of the officers concerned resent their assignment to the Veterans' Administration hospital service. Evidently such officers do not constitute any asset to the institution and as a matter of fact are not really wanted. While it is technically true that the Veterans' Administration is not a part of the military forces, this being supported by the American Medical Association, the Veterans' Administration certainly is definitely a part of the military activities. They receive the problem cases and it is of utmost importance that they be as well staffed and as well equipped as an Army institution within the United States and the continental area.

As it applies to nurses, at the time I visited Hospital 81 the question of nurses was discussed and the quota of nurses was filled, this being due to the fact that when the armed services threatened to draft nurses for the service many of them were then willing in order to dodge the draft to accept positions with the Veterans' Administration, particularly in such place as Hospital 81 which is located in the city of New York. However, since that scare has subsided, it now being officially declared that the necessity of drafting nurses for the Army and Navy no longer exists, these nurses are beginning to tender their resignation to the Veterans' Administration. On May 28 when I visited the hospital Colonel Cook informed me he had signed and accepted six resignations from nurses, having no alternative but to accept the resignations and he expressed the fear that resignations would materially increase until within a short time in all probability Hospital 81 would again be found with a shortage of nurses.

As it applies to enlisted personnel, Hospital 81 has an authorized strength of 350 enlisted men for that station but they have not yet exceeded 280 as an on-duty strength. Again, the majority of these men have never had hospital experience and many of them resent their assignment to hospital work and are only there because they are still in the service and must go and serve where told. I think it can be readily understood these men are endeavoring to get by with doing as little as possible and are certainly no great asset to the institution to which they are assigned.

Taking it all in all I must state that conditions at Hospital 81, while there is chance for improvement, all things being considered, I would say are very favorable. There are undoubtedly a number of recommendations, including some of the recommendations suggested by witnesses before this committee being the prime movers in presenting charges against the Veterans' Administration, that are well worth considering by this committee, some of which may or may not require further legislation or amendments to existing legislation governing hospitals and hospitalizations.

This will conclude my report covering Veterans' Administration facility 81, Bronx, N. Y.

*Diet menu for Monday, May 21, 1945, Veterans' Administration, Bronx, N. Y.*

## REGULAR NO. 1

## Breakfast :

Stewed evaporated peaches.  
Quaker oats, milk.  
French toast.  
Maple sirup.  
Toast, butter.  
Coffee.

## Dinner :

Roast pork loin, gravy.  
Parsley potatoes.  
Buttered succotash.  
Applesauce.  
Marinated green salad.  
Chocolate pudding.  
Coffee.

## Supper :

Soup, crackers.  
Boiled frankfurters, mustard.  
Potato salad on Boston lettuce.  
Sweet relish, pickled beets.  
Hot finger rolls.  
Chilled fruit.  
Coffee.

## LIGHT NO. 2

## Breakfast :

Stewed peaches.  
Quaker oats, milk.  
Scrambled eggs.  
Toast and butter.

## Dinner :

Braised beef.  
Buttered potatoes.  
Buttered lima beans.  
Green salad with mayonnaise.  
Chocolate pudding.

## Supper :

Soup, crackers.  
Sliced Cheddar cheese.  
Potato salad on Boston lettuce.  
Hot diced beets.  
Hot rolls.  
Chilled fruit and sugar cookies.

## MECHANICAL NO. 3

## Breakfast :

Stewed peaches.  
Milk.  
Scrambled eggs.  
Toast and butter.

## Dinner :

Ground beef with gravy.  
Buttered potatoes.  
Buttered lima beans.  
Chocolate pudding.

## Supper :

Soup, crackers.  
Baked macaroni and cheese.  
Hot diced beets.  
Hot soft rolls.  
Chilled fruit and sugar cookies.

## ADVANCED SIPPY NO. 10

## Breakfast :

Stewed peaches.  
Quaker oats, milk.  
Scrambled eggs.  
Toast and butter.

## Dinner :

Braised beef.  
Buttered potatoes.  
Buttered carrots.  
Toast.  
Chocolate pudding.

## Supper :

Cream soup.  
Baked macaroni and cottage cheese.  
Hot diced beets.  
Green salad with lemon.  
Canned fruit and sugar cookies.

## SOFTS NO. 4

## Breakfast :

Sieved fruit.  
Sieved oatmeal, milk.  
Scrambled eggs.  
Toast and butter.

## Dinner :

Baked potato cakes with tomato sauce.  
Applesauce.  
Chocolate pudding.

## Supper :

Cream soup.  
Baked macaroni and cottage cheese.  
Sieved vegetable.  
Sieved fruit and sugar cookies.

## LIQUID NO. 5

## Breakfast :

Orange juice.  
Sieved oatmeal, milk.  
Milk.

## Dinner :

Cream soup.  
Prune juice.  
Chocolate malted milk.

## Supper :

Cream soup.  
Tomato juice.  
Eggnog.

## LOW FAT NO. 12

## Breakfast :

Stewed peaches.  
Quaker oats, milk.  
Scrambled eggs.  
Toast and jelly.  
Orange juice.

## Dinner :

Fat-free braised beef.  
Potatoes.  
Carrots.  
Prune juice, jam.  
Green salad with lemon.  
Fresh strawberries.

*Diet menu for Monday, May 21, 1945, Veterans' Administration, Bronx, N. Y.—*  
Continued

## LOW FAT NO. 12—continued

## Supper:

Fat-free broth.  
Baked macaroni and cottage cheese.  
Hot diced beets.  
Hot rolls.  
Tomato juice, jam.  
Chilled fruit.

## LOW SALT NO. 13

## Breakfast:

Stewed evaporated peaches.  
Quaker oats, milk.  
Scrambled eggs.  
Toast, butter.

## Dinner:

Braised beef.  
Potatoes.  
Carrots.  
Green salad with lemon.  
Chocolate pudding.

## Supper:

Salt-free cream soup.  
Baked macaroni and cottage cheese.  
Hot diced beets.  
Green salad with lemon.  
Chilled fruit and sugar cookies.

## DIABETIC NO. 14

## Breakfast:

Halves stewed peaches.  
Cup Quaker oats.  
Strips bacon.

## Dinner:

75 grams braised beef cubes.  
One-half cup potatoes.  
One-half cup carrots.  
One-half cup lima beans.  
Green salad with lemon.  
12 strawberries.

## Supper:

Fat-free broth.  
75 grams frankfurters.  
One-half cup potato salad (diabetic).  
One-half cup diced beets.  
One-half cup canned string beans.  
Fresh fruit.

Beverages: Milk, coffee, tea, buttermilk

Breads: White, whole wheat, rye

Approved:

## OBESITY NO. 15

## Breakfast:

Same as diabetic.  
No cereal.

## Dinner:

Diabetic menu.  
No rice.

## Supper:

Diabetic menu.

No macaroni.

## MEAT FREE NO. 16

## Breakfast:

Same as light.  
Scrambled eggs.

## Dinner:

Light diet.  
Baked potato cakes with tomato sauce.

## Supper:

Light diet.

## HIGH CALORIC NO. 11

## Breakfast:

Regular.  
French toast.  
Bacon.  
Jam.

## Dinner:

Regular menu.  
Jelly.  
Chocolate malted milk.

## Supper:

Regular menu.  
Jam.  
Eggnog.

## PRO SIPPY NO. 9

## Breakfast:

Sieved oatmeal half and half.  
Toast and butter.

## Dinner:

Soft cooked eggs.  
Half and half.  
Toast and butter.  
Jello.

## Supper:

Soft scrambled eggs.  
Half and half.  
Toast and butter.  
Junket.

ROBERT C. COOK,  
*Colonel, Medical Corps,*  
*Manager.*

H. C. HARDEGREE,  
*Lieutenant Colonel, Medical Corps,*  
*Chief Medical Officer.*  
HESTER KENDRICK,  
*Chief Dietitian.*



*Diet menu for Tuesday, May 22, 1945, Veterans' Administration, Bronx, N. Y.*

## REGULAR NO. 1

## Breakfast:

Whole California orange.  
Quaker oats, milk.  
Soft-cooked eggs.  
Toast, butter.  
Coffee.

## Dinner:

Grilled beefburgers, gravy.  
Mashed potatoes.  
Sauté onions and green peppers.  
Cole slaw.  
Hot white tower rolls.  
Vanilla ice cream with sauce.  
Coffee.

## Supper:

Lamb and vegetable stew.  
Hot baking-powder biscuits.  
Buttered frosted asparagus.  
Spring salad, french dressing.  
Apple butter.  
Lemon meringue pie.  
Coffee.

## LIGHT NO. 2

## Breakfast:

Whole California orange.  
Quaker oats, milk.  
Soft cooked eggs.  
Toast and butter.

## Dinner:

Grilled beefburgers, gravy.  
Mashed potatoes.  
Stewed tomatoes.  
Lettuce with mayonnaise.  
Hot white tower rolls.  
Vanilla ice cream with sauce.

## Supper:

Lamb and vegetable stew.  
Boiled noodles.  
Buttered frosted asparagus.  
Spring salad with mayonnaise.  
Apple butter.  
Lemon meringue pudding.

## MECHANICAL NO. 3

## Breakfast:

Whole California orange.  
Quaker oats, milk.  
Soft cooked eggs.  
Toast and butter.

## Dinner:

Grilled beefburgers, gravy.  
Mashed potatoes.  
Stewed tomatoes.  
Hot white tower rolls.  
Vanilla ice cream with sauce.

## Supper:

Lamb fricassee.  
Boiled noodles.  
Buttered frosted asparagus.  
Apple butter.  
Lemon meringue pudding.

## ADVANCED SIPPY NO. 10

## Breakfast:

Whole California orange.  
Soft cooked eggs.  
Quaker oats, milk.  
Toast and butter.

## Dinner:

Grilled beefburgers.  
Mashed potatoes.  
Canned asparagus.  
Vanilla ice cream.

## Supper:

Cream soup.  
Diced lamb (without gravy).  
Boiled noodles.  
Buttered frosted asparagus.  
Lemon meringue pudding.

## SOFT NO. 4

## Breakfast:

Sieved fruits.  
Soft cooked eggs.  
Sieved oatmeal.  
Toast and butter.

## Dinner:

Baked potato.  
Egg cutlet with cream sauce.  
Mixed fruit juice.  
Vanilla ice cream.

## Supper:

Cream soup.  
Boiled noodles with tomato sauce.  
Sieved vegetables.  
Lemon meringue pudding.

## LIQUID NO. 5

## Breakfast:

Orange juice.  
Wheat meal, milk.

## Dinner:

Cream soup.  
Mixed fruit juice.  
Vanilla ice cream.

## Supper:

Cream soup.  
Pineapple juice.  
Maple milk shake.

## LOW FAT NO. 12

## Breakfast:

Orange, whole California.  
Quaker oats, milk.  
Soft cooked eggs.  
Toast and jelly.

## Dinner:

Grilled beefburgers.  
Mashed potato.  
Stewed tomatoes.  
Lettuce with lemon.  
Mixed fruit juice, jelly.  
Canned pears.

*Diet menu for Tuesday, May 22, 1945, Veterans' Administration, Bronx, N. Y.—*  
Continued

## LOW FAT NO. 12—continued

## Supper:

Fat-free lamb (without gravy).  
Boiled noodles.  
Frosted asparagus.  
Spring salad with lemon.  
Pineapple juice, jam.  
Banana.

## LOW SALT NO. 13

## Breakfast:

Whole California orange.  
Quaker oats, milk.  
Soft cooked eggs.  
Toast and butter.

## Dinner:

Salt-free beefburgers.  
Mashed potatoes.  
Stewed tomatoes.  
Lettuce with lemon.  
Vanilla ice cream with sauce.

## Supper:

Lamb fricassee.  
Boiled noodles.  
Buttered frosted asparagus.  
Apple butter.  
Lemon meringue pudding.

## DIABETIC NO. 14

## Breakfast:

Medium size orange.  
Cup oatmeal.  
Two eggs, soft cooked.  
Toast.

## Dinner:

75 grams beefburgers.  
Half cup mashed potatoes.  
Half cup stewed tomatoes.  
1 medium-boiled onion.  
1 small fresh apple.

## Supper:

Fat-free broth.  
75 grams braised lamb.  
Half cup boiled noodles.  
Half cup frosted asparagus.  
Half cup fresh wax beans.  
Half large banana.

## OBESITY NO. 15

## Breakfast:

Same as diabetic.  
No cereal.

## OBESITY NO. 15—continued

## Dinner:

Diabetic menu.  
No mashed potato.

## Supper:

Diabetic menu.  
No noodles.

## MEAT FREE

## Breakfast:

Same as light.

## Dinner:

Light diet.  
Egg cutlets with cream sauce.

## Supper:

Light diet.  
Boiled noodles with tomato sauce.

## HIGH CALORIC NO. 11

## Breakfast:

Regular menu.  
Milk.  
Bacon and soft cooked eggs.  
Jelly.

## Dinner:

Regular menu.  
Jelly.  
Milk.

## Supper:

Regular menu.  
Jam.  
Maple milk shake.

## PRO SIPPY NO. 9

## Breakfast:

Half and half.  
Toast and butter.  
Cream.  
Sieved oatmeal.

## Dinner:

Soft cooked eggs.  
Half and half.  
Toast and butter.  
Custard.

## Supper:

Soft scrambled eggs.  
Half and half.  
Toast and butter.  
Jello.

Beverages: Milk, buttermilk, coffee, tea

Breads: White, rye, whole wheat

Approved:

ROBERT C. COOK,  
Colonel, Medical Corps,  
Manager.

H. C. HARDEGREE,  
Lieutenant Colonel, Medical Corps.  
Chief Medical Officer.

HESTER KENDRICK,  
Chief Dietitian.

*Diet menu for Wednesday, May 23, 1945, Veterans' Administration, Bronx, N. Y.*

## REGULAR NO. 1

## Breakfast:

Egg plums in sirup.  
Wheat meal, milk.  
Grilled bacon.  
Toast, butter.  
Coffee.

## Dinner:

Swiss steak.  
Boiled new potatoes in jackets.  
Buttered carrot strips.  
Marinated kale salad.  
Pineapple betty, hard sauce.  
Coffee.

## Supper:

Chicken a la king.  
Boiled white rice.  
Head lettuce with Russian dressing.  
Hot southern biscuit "roll."  
Whole orange.  
Fruit bars.  
Coffee.

## LIGHT NO. 2

## Breakfast:

Egg plums in sirup.  
Wheat meal, milk.  
Grilled bacon.  
Toast and butter.

## Dinner:

Diet Swiss steak.  
Boiled new potatoes.  
Buttered carrot strips.  
Green salad with mayonnaise.  
Pineapple betty with hard sauce.

## Supper:

Diet chicken a la king.  
Boiled white rice.  
Baked squash.  
Head lettuce with tomato, mayonnaise.  
Whole orange.  
Fruit bars.

## MECHANICAL NO. 3

## Breakfast:

Egg plums in sirup.  
Wheat meal, milk.  
Scrambled eggs.  
Toast and butter.

## Dinner:

Ground beef with gravy.  
Boiled new potatoes in jacket.  
Buttered carrot strips.  
Crushed pineapple betty with hard sauce.

## Supper:

Chicken a la king.  
Boiled rice.  
Baked squash.  
Whole orange.  
Fruit bars.

## ADVANCED SIPPY NO. 10

## Breakfast:

Sieved fruit.  
Wheat meal, milk.  
Scrambled eggs.  
Toast and butter.

## Dinner:

Plain grilled tenderloin steaks.  
Boiled new potatoes in jackets.  
Buttered carrot strips.  
Sieved fruit betty with hard sauce.

## Supper:

Creamed chicken.  
Boiled rice.  
Baked squash.  
Whole orange.  
Plain cookies.

## SOFT NO. 4

## Breakfast:

Sieved fruit.  
Wheat meal, milk.  
Scrambled eggs.  
Toast and butter.

## Dinner:

Baked Cream of Wheat loaf with grape jelly.  
Sieved carrots.  
Tomato juice.  
Sieved fruit betty with hard sauce.

## Supper:

Ground chicken with Chix. gravy.  
Boiled rice.  
Baked squash.  
Sieved fruit.  
Plain cookies.

## LIQUID NO. 5

## Breakfast:

Prune juice.  
Wheat meal, milk.  
Toast and butter.

## Dinner:

Cream soup.  
Peach juice.  
Vanilla malted milk.

## Supper:

Cream soup.  
Orange juice.  
Chocolate eggnog.

## LOW FAT NO. 12

## Breakfast:

Egg plums in sirup.  
Wheat meal, milk.  
Scrambled eggs.  
Toast and jelly.  
Prune juice.



*Diet menu for Wednesday, May 23, 1945, Veterans' Administration, Bronx, N. Y.—*  
Continued

LOW FAT NO. 12—continued

Dinner:

Fat-free Swiss steak.  
Boiled new potatoes  
Carrot strips.  
Green salad with lemon.  
Peach juice, jelly.  
Sliced pineapple in sirup.

Supper:

Fat-free stewed chicken.  
Boiled rice.  
Baked squash.  
Lettuce with lemon.  
Tomato juice, jam.  
Whole orange.

LOW SALT NO. 13

Breakfast:

Egg plums in sirup.  
Wheat meal, milk.  
Scrambled eggs.  
Toast, butter.

Dinner:

Salt-free Swiss steak.  
Boiled new potatoes.  
Buttered carrot strips.  
Green salad with lemon.  
Pineapple betty with hard sauce.

Supper:

Salt-free chicken a la king.  
Boiled rice.  
Baked squash.  
Lettuce with lemon.  
Whole orange.  
Fruit bars.

DIABETIC NO. 14

Breakfast:

6 halves without peeling, apricots  
(canned).  
Cup wheat meal.  
2 scrambled eggs.  
Toast

Dinner:

75 grams grilled steak.  
1 small new potato.  
One half carrots (one-half cup).  
Three-fourth cup kale.  
Green salad with lemon.  
One-half cup fresh pineapple.

Beverages: Coffee, tea, buttermilk, milk.

Breads: White, whole wheat, rye

Approved:

DIABETIC NO. 14—continued

Supper:

Fat-free broth.  
75 grams stewed chicken.  
One-half cup boiled rice.  
One-half stewed celery.  
100 grams baked squash.  
Lettuce with lemon.  
1 medium orange.

OBSESITY NO. 15

Breakfast:

Same as diabetic.  
No cereal.  
Scrambled eggs (1).

Dinner:

Diabetic menu.  
No potatoes.

Supper:

Diabetic menu.  
No rice.

HIGH CALORIC NO. 11

Breakfast:

Same as light except no bacon.  
Scrambled eggs.

Dinner:

Regular menu.  
Jelly.  
Vanilla malted milk.

Supper:

Regular menu.  
Jam.  
Chocolate eggnog.

PRO SIPPY NO. 9

Breakfast:

Wheat meal, milk.  
Half and half.  
Toast and butter.

Dinner:

Soft scrambled eggs.  
Half and half.  
Toast and butter.  
Custard.

Supper:

Soft cooked eggs.  
Half and half.  
Toast and butter.  
Jello.

ROBERT C. COOK,  
Colonel, Medical Corp,  
Manager.

H. C. HARDEGREE,  
Lieutenant Colonel, Medical Corp.  
Chief Medical Officer.

HESTER KENDRICK,  
Chief Dietitian.

*Dict menu for Thursday, May 24, 1945, Veterans' Administration, Bronx, N. Y.*

## REGULAR NO. 1

## Breakfast:

Applesauce.  
Whole wheat meal, milk.  
All-bran pan cakes.  
Maple sirup.  
Toast, butter.  
Coffee.

## Dinner:

Grilled smoked ham, gravy.  
Glazed sweetpotatoes.  
Buttered fresh spinach.  
Carrot, raisin salad.  
Gelatin, sauce.  
Coffee.

## Supper:

Chilled sardines, lemon slice.  
Au gratin potatoes.  
Tomato halves, cucumber slice on  
Boston lettuce.  
Blueberry upside down cake.  
Coffee.

## LIGHT NO. 2

## Breakfast:

Applesauce.  
Whole wheat meal, milk.  
Soft-cooked eggs.  
Toast and butter.

## Dinner:

Grilled ham with gravy.  
Glazed sweetpotatoes.  
Buttered fresh spinach.  
Carrot, raisin salad.  
Gelatin with sauce.

## Supper:

Chilled sardines, lemon slice.  
Au gratin potatoes.  
Tomato halves on Boston lettuce.  
Blueberry upside down cake.

## MECHANICAL NO. 3

## Breakfast:

Applesauce.  
Whole wheat meal, milk.  
Soft-cooked eggs.  
Toast and butter.

## Dinner:

Ham loaf with gravy.  
Glazed sweetpotatoes.  
Buttered fresh spinach.  
Gelatin with sauce.

## Supper:

Chilled sardines with lemon sauce.  
Au gratin potatoes.  
Grilled fresh tomatoes.  
Blueberry upside down cake.

## ADVANCED SIPPY NO. 10

## Breakfast:

Applesauce.  
Wheat meal, milk.  
Soft-cooked eggs.  
Toast and butter.

## ADVANCED SIPPY NO. 10—continued

## Dinner:

Meat loaf.  
Glazed sweetpotatoes.  
Buttered fresh spinach.  
Gelatin with sauce.

## Supper:

Cream soup.  
Baked Salmon croquettes.  
Au gratin Potatoes.  
Canned peas.  
Blueberry upside down cake.

## SOFT NO. 4

## Breakfast:

Applesauce.  
Wheat meal, milk.  
Soft-cooked eggs.  
Toast and butter.

## Dinner:

Sweetpotato croquettes.  
Sieved spinach.  
Cottage cheese balls.  
Plain fruit gelatin with sauce.

## Supper:

Cream soup.  
Pea souffle.  
Au gratin potatoes.  
Lemonade.  
Frosted white cake.

## LIQUID NO. 5

## Breakfast:

Grapefruit juice.  
Milk.  
Wheat meal.

## Dinner:

Cream soup.  
Ice cream milk shake.  
Plain gelatin.

## Supper:

Cream soup.  
Lemonade.  
Chocolate milk.

## LOW FAT NO. 12

## Breakfast:

Applesauce.  
Whole wheat meal, milk.  
Soft-cooked eggs.  
Toast and jelly.  
Grapefruit juice.

## Dinner:

Fat-free meat loaf with tomato  
sauce.  
Mashed sweetpotatoes.  
Fresh spinach.  
Carrott, raisin salad with lemon.  
Gelatin, no sauce.

*Diet menu for Thursday, May 24, 1945, Veterans' Administration, Bronx, N. Y.—*  
Continued

## LOW FAT NO. 12—continued

## Supper:

Fat-free broth.  
Baked potato.  
Grilled tomato.  
Canned peas.  
Cottage cheese on lettuce.  
Blueberries in sirup.  
Lemonade, jelly.

## LOW SALT NO. 13

## Breakfast:

Applesauce.  
Whole wheat meal, milk.  
Soft-cooked eggs.  
Toast and butter.

## Dinner:

Salt-free meat loaf with tomato sauce.  
Glazed sweetpotatoes.  
Fresh spinach.  
Carrot, raisin salad with lemon.  
Gelatin with sauce.

## Supper:

Salt-free cream soup.  
Baked potatoes.  
Grilled tomatoes.  
Canned peas.  
Cottage cheese balls on lettuce.  
Blueberry upside down cake.

## DIABETIC NO. 14

## Breakfast:

1 cup applesauce.  
 $\frac{1}{2}$  cup wheat meal.  
1 cup eggs, 2.  
Toast and butter.  
Coffee.

## Dinner:

75 grams grilled ham.  
 $\frac{1}{3}$  cup mashed sweetpotatoes  
 $\frac{1}{2}$  glass tomato juice.  
 $\frac{1}{2}$  cup fresh spinach.  
Raw carrot strips.  
1 small fresh pear.

## Supper:

Fat-free broth.  
75 grams sardines with lemon.  
1 small baked potato.  
1 small fresh tomato on lettuce.  
 $\frac{1}{2}$  can peas.  
 $\frac{1}{2}$  can blueberries (washed).

Beverages: Coffee, tea, milk, buttermilk

Breads: White, rye, whole wheat

Approved:

## OBESITY NO. 15

## Breakfast:

Same as diabetic.  
No cereal.

## Dinner:

Diabetic menu.  
No sweetpotatoes.

## Supper:

Diabetic menu.  
No baked potato.

## MEAT FREE NO. 16

## Breakfast:

Same as light.

## Dinner:

Light diet.  
Sweetpotato croquettes.  
Cottage cheese balls.

## Supper:

Light diet.

## HIGH CALORIC NO. 11

## Breakfast:

Regular menu.  
Grilled bacon and cakes.  
Milk.  
Jelly.

## Dinner:

Regular menu.  
Ice cream milk shake.  
Jam.

## Supper:

Regular menu.  
Chocolate milk.  
Jelly.

## PRO-SIPPY NO. 9

## Breakfast:

Wheat meal, cream half and half.  
Toast and butter.  
Cream.

## Dinner:

Soft scrambled eggs.  
Half and half.  
Toast and butter.  
Custard.

## Supper:

Soft-cooked eggs.  
Half and half.  
Toast and butter.  
Junket.

ROBERT C. COOK,  
*Colonel, Medical Corps.*  
Manager.

H. C. HARDEGREE,  
*Lieutenant Colonel, Medical Corps,*  
*Chief Medical Officer.*  
HESTER KENDRICK,  
*Chief Dietitian.*



*Diet menu for Thursday, May 24, 1945, Veterans' Administration, Bronx, N. Y.*

## REGULAR NO. 1

## Breakfast :

Stewed evaporated apricots.  
Quaker oats, milk.  
Scrambled eggs.  
Toast, butter.  
Coffee.

## Dinner :

Baked fish with vegetables.  
Mashed potatoes.  
Buttered frosted lima beans.  
Pepper relish.  
Hot corn bread.  
Cherry ice cream.  
Coffee.

## Supper :

Boston baked beans, catsup.  
Buttered cauliflower.  
Peach halves on Boston lettuce,  
mayonnaise.  
Sweet relish.  
Sliced Bermuda onions.  
Fresh apples.  
Cocoa.

## LIGHT NO. 2

## Breakfast :

Stewed evaporated apricots.  
Oatmeal, milk.  
Scrambled eggs.  
Toast and butter.

## Dinner :

Baked fish with egg sauce.  
Mashed potatoes.  
Buttered frosted lima beans.  
Hot corn bread.  
Cherry ice cream.

## Supper :

Tuna fish, noodle and mushroom  
casserole.  
Canned asparagus.  
Peach halves on Boston lettuce.  
Fried apples, mayonnaise.  
Cocoa.

## MECHANICAL NO. 3

## Breakfast :

Stewed evaporated apricots.  
Oatmeal, milk.  
Scrambled eggs.  
Toast and butter.

## Dinner :

Baked fish with egg sauce.  
Mashed potatoes.  
Buttered frosted lima beans.  
Hot corn bread.  
Cherry ice cream.

## Supper :

Cream soup, crackers.  
Tuna fish, noodle and mushroom  
casserole.  
Canned asparagus.  
Peaches in sirup.  
Frosted molasses cake.

## ADVANCED SIPPY NO. 10

## Breakfast :

Stewed evaporated apricots.  
Oatmeal, milk.  
Scrambled eggs.  
Toast and butter.

## Dinner :

Baked fish with egg sauce.  
Mashed potatoes.  
Buttered fresh beets.  
Toast.  
Vanilla ice cream.

## Supper :

Cream soup, crackers.  
Plain noodle casserole.  
Canned asparagus.  
Peaches in sirup.  
Frosted molasses cake.

## SOFT NO. 4

## Breakfast :

Sieved apricots.  
Sieved oats.  
Scrambled eggs.  
Toast and butter.

## Dinner

Creamed eggs on one-half slice toast.  
Mashed potatoes.  
Sieved vegetable.  
Vanilla ice cream.

## Supper :

Cream soup, crackers.  
Egg and noodle casserole.  
Sieved asparagus.  
Sieved peaches.  
Frosted molasses cake.

## LIQUID NO. 5

## Breakfast :

Orange Juice.  
Sieved oats, milk.  
Milk.

## Dinner :

Cream soup.  
Fruit ade.  
Plain milk.

## Supper :

Cream soup.  
Cherry juice.  
Chocolate malted milk.

## LOW FAT NO. 12

## Breakfast :

Stewed evaporated apricots.  
Oatmeal, milk.  
Scrambled eggs.  
Toast and jelly.  
Prune juice.

## Dinner :

Fat free baked fish.  
Mashed potatoes.  
Fresh beets.  
Fruit ade, jelly.  
Fresh grapes.

*Diet menu for Friday, May 25, 1945, Veterans' Administration, Bronx, N. Y.—*  
Continued

## LOW FAT NO. 12—continued

## Supper:

Fat free broth.  
Drained tuna fish on lettuce with  
lemon.  
Boiled noodles.  
Canned asparagus.  
Peach halves in sirup.  
Cherry juice, jam.

## LOW SALT NO. 13

## Breakfast:

Stewed evaporated apricots.  
Oatmeal, milk.  
Scrambled eggs.  
Toast and butter.

## Dinner:

Salt free baked fish with egg sauce.  
Mashed potatoes.  
Fresh beets.  
Cherry ice cream.

## Supper:

Salt free cream soup.  
Egg and noodle casserole.  
Canned asparagus.  
Peach halves on lettuce.  
Frosted molasses cake.

## DIABETIC NO. 14

## Breakfast:

4 halves stewed apricots.  
1 cup oatmeal.  
Scrambled eggs.  
Toast and butter.

## Dinner:

75 grams baked fish.  
 $\frac{1}{2}$  cup mashed potatoes.  
 $\frac{1}{2}$  cup fresh beets.  
 $\frac{1}{2}$  cup frosted lima beans.  
22 fresh grapes.

## Supper:

Fat free broth.  
75 grams tuna fish (drain) on let-  
tuce with lemon.  
 $\frac{1}{2}$  cup boiled noodles.  
 $\frac{3}{4}$  cup cauliflower.  
 $\frac{1}{2}$  cup asparagus.  
 $\frac{1}{2}$  cup pie peaches.

## OBESITY NO. 15

## Breakfast:

Same as diabetic.  
No cereal.

## Dinner:

Diabetic menu.  
No mashed potatoes.

## Supper:

Diabetic menu.  
No noodles.

## MEAT FREE NO. 16

## Breakfast:

Same as light diet.

## Dinner:

Same as light diet.

## Supper:

Light diet.

## HIGH CALORIC NO. 11

## Breakfast:

Regular menu.  
Milk.  
Bacon and eggs.  
Jam.

## Dinner:

Regular menu.  
Milk.  
Jam.

## Supper:

Regular menu.  
Jelly.  
Chocolate malted milk.

## PRO SIPPY NO. 9

## Breakfast:

Half and half.  
Wheat meal, cream.  
Toast and butter.  
Cream.

## Dinner:

Soft cooked eggs.  
Half and half.  
Toast and butter.  
Custard.

## Supper:

Soft scrambled eggs.  
Half and half.  
Toast and butter.  
Jello.

Beverages: Milk, buttermilk, coffee, tea.

Breads: White, whole wheat, rye.

Approved:

ROBERT C. COOK,  
Colonel, Marine Corps,  
Manager.

H. C. HARDGREE,  
Lieutenant Colonel, Marine Corps,  
Chief Medical Officer.

HESTER KENDRICK,  
Chief Dietitian.

*Diet menu for Saturday, May 26, 1945, Veterans' Administration, Bronx, N. Y.*

## REGULAR NO. 1

## Breakfast:

Figs in sirup.  
Wheat meal, milk.  
Fried eggs.  
Toast, butter.  
Coffee.

## Dinner:

Grilled lamb steak, gravy.  
Glazed pineapple slice.  
Parsley potatoes.  
Buttered frosted green peas.  
Celery hearts, pickles.  
Lady Baltimore cake.  
Coffee.

## Supper:

Beef chop suety.  
Boiled white rice.  
Boston lettuce, marinated.  
Frosted raspberry.  
Shortcake with marshmallow.  
Coffee.

## LIGHT NO. 2

## Breakfast:

Figs in sirup.  
Milk.  
Soft cooked eggs.  
Toast and butter.

## Dinner:

Grilled lamb steaks; gravy.  
Glazed pineapple slices.  
Parsley potatoes.  
Buttered frosted peas.  
Celery hearts.  
Lady Baltimore cake.

## Supper:

Beef patties.  
Spanish rice.  
Fresh green beans.  
Boston lettuce with mayonnaise.  
Frosted raspberry sauce on white cake with marshmallow.

## MECHANICAL NO. 3

## Breakfast:

Figs in sirup.  
Wheat meal, milk.  
Soft cooked eggs.  
Toast and butter.

## Dinner:

Lamb patties with gravy.  
Parsley potatoes.  
Buttered frosted peas.  
Crushed pineapple.  
Lady Baltimore cake.

## Supper:

Beef patties.  
Spanish rice.  
Fresh green beans.  
White cake with frosted raspberry sauce and marshmallow.

## ADVANCED SIPPY NO. 10

## Breakfast:

Orange halves.  
Wheat meal, milk.  
Soft cooked eggs.  
Toast and butter.

## Dinner:

Grilled lamb steaks.  
Parsley potatoes.  
Buttered frosted peas.  
Fresh applesauce.  
Lady Baltimore cake.

## Supper:

Cream soup.  
Beef patties.  
Special spanish rice.  
Fresh green beans.  
White cake with sieved raspberry sauce and marshmallow.

## SOFTS NO. 4

## Breakfast:

Sieved fruit.  
Wheat meal, milk.  
Soft cooked eggs.  
Toast and butter.

## Dinner:

Tomato pudding.  
Sieved peas.  
Fresh applesauce.  
Lady Baltimore cake.

## Supper:

Cream soup.  
Special Spanish rice.  
Sieved beans.  
White cake with sieved sauce and marshmallow.

## LIQUID NO. 6

## Breakfast:

Mixed fruit juice.  
Wheat meal, milk.  
Milk.

## Dinner:

Cream soup.  
Tomato juice.  
Eggnog.

## Supper:

Cream soup.  
Orange juice.  
Chocolate milk.

## LOW FAT NO. 12

## Breakfast:

Figs in sirup.  
Wheat meal.  
Soft cooked eggs.  
Toast and jelly.  
Mixed fruit juice.

## Dinner:

Fat-free lamb steaks.  
Parsley potatoes.  
Frosted peas.  
Sliced pineapple, plain.  
Celery hearts.  
Tomato juice, jam.



*Diet menu for Saturday, May 26, 1945, Veterans' Administration, Bronx, N. Y.—Continued*

## LOW FAT NO. 12—continued

## Supper:

Fat-free broth.  
Beef patties.  
Spanish rice.  
Fresh green beans.  
Boston lettuce with lemon.  
Frosted raspberry sauce.  
Orange juice, jelly.

## LOW SALT NO. 18

## Breakfast:

Figs in sirup.  
Wheat meal, milk.  
Soft-cooked eggs.  
Toast and butter.

## Dinner:

Grilled lamb steaks.  
Parsley potatoes.  
Glazed pineapple slices.  
Frosted peas.  
Celery hearts.  
Lady Baltimore cake.

## Supper:

Salt-free cream soup.  
Salt-free beef patty.  
Special Spanish rice.  
Fresh green beans.  
Boston lettuce with lemon.  
White cake with raspberry sauce  
and marshmallow.

## DIABETIC NO. 14

## Breakfast:

Orange halves.  
One-half cup wheat meal, milk.  
Two fried eggs.  
Toast.

## Dinner:

Seventy-five grams fat-free lamb  
steaks.  
One small parsley potato.  
One-half cup frosted peas.  
One-half cup eggplant.  
Celery hearts.  
One-half cup fresh applesauce.

## Supper:

Fat-free broth.  
Seventy-five grams beef patty.  
One-half cup boiled rice.  
One-half cup fresh green beans.  
Three-fourths cup turnip.  
Boston lettuce with lemon.  
One-half grapefruit.

Beverages: Milk, coffee, buttermilk, tea.

Bread: White, rye, whole wheat.

## Approved:

ROBERT C. COOK,  
Colonel, Medical Corps,  
Manager.

H. C. HARDEGREE,  
Lieutenant Colonel, Medical Corps,  
Chief Medical Officer.

HESTER KENDRICK,  
Chief Dietitian.

## OBESITY NO. 15

## Breakfast:

Same as diabetic.  
No cereal.

## Dinner:

Same as diabetic.  
No potato.

## Supper:

Same as diabetic.  
No rice.

## MEAT FREE NO. 16

## Breakfast:

Same as light.

## Dinner:

Light diet.

## Supper:

Light diet.  
Cheese.

## HIGH CALORIC NO. 11

## Breakfast:

Regular menu.  
Bacon and eggs.  
Milk.  
Jam.

## Dinner:

Regular menu.  
Eggnog.  
Jam.

## Supper:

Regular menu.  
Chocolate milk.  
Jelly.

## PRO SIPPY NO. 9

## Breakfast:

Wheat meal, cream.  
Half and half.  
Toast and butter.

## Dinner:

Soft-cooked eggs.  
Half and half.  
Toast and butter.  
Junket.

## Supper:

Soft scrambled eggs.  
Toast and butter.  
Custard.  
Half and half.

*Diet Menu for Sunday, May 27, 1945, Veterans' Administration, Bronx, N. Y.*

## REGULAR NO. 1

## Breakfast:

Whole California oranges.  
Quaker Oats, milk.  
Grilled bacon.  
Toast, butter.  
Coffee.

## Dinner:

Grilled sirloin steak, gravy.  
French fried potatoes.  
Buttered kernal corn.  
Fresh tomato slices on chicory.  
Hot club rolls.  
Coffee nut ice cream.  
Coffee.

## Supper:

Cold sliced beef and smoked ham.  
Potato salad, watercress.  
Marinated string bean salad.  
Whole apricots in sirup.  
Homemade coffee rings.  
Coffee.

## LIGHT NO. 2

## Breakfast:

Whole California oranges.  
Quaker Oats, milk.  
Grilled bacon.  
Toast and butter.

## Dinner:

Grilled sirloin steak, gravy.  
Potatoes.  
Fresh wax beans.  
Fresh tomato slices on chicory.  
Hot club rolls.  
Plain coffee ice cream.

## Supper:

Cold sliced beef and ham with  
potato salad, watercress.  
Buttered spinach.  
Homemade coffee ring.  
Whole apricots in sirup.

## MECHANICAL NO. 3

## Breakfast:

Whole California oranges.  
Quaker oats, milk.  
Scrambled eggs.

## Dinner:

Ground beef with gravy.  
Potatoes.  
Fresh wax beans.  
Fresh tomato slices on chicory.  
Hot Parker House rolls.  
Plain coffee ice cream.

## Supper:

Soup, crax.  
Baked beef hash with tomato sauce.  
Buttered spinach.  
Whole apricots in sirup.  
Homemade coffee ring.

## ADVANCE SIPPY NO. 10

## Breakfast:

Whole California oranges.  
Quaker Oats, milk.  
Scrambled eggs.  
Toast and butter.

## Dinner:

Grilled tenderloin steaks.  
Potatoes.  
Fresh wax beans.  
Toast.  
Plain coffee ice cream.

## Supper:

Cream soup.  
Baked beef hash.  
Buttered spinach.  
Chocolate chip cookies.  
Whole apricots in sirup.  
Toast.

## SOFT NO. 4

## Breakfast:

Sieved fruit.  
Sieved oats, milk.  
Scrambled eggs.  
Toast and butter.

## Dinner:

Creamed potatoes.  
Sieved green vegetables.  
Cream cheese squares.  
Coffee ice cream.  
Pineapple juice.

## Supper:

Creamed soup.  
Spinach custard.  
Mashed potato  
Sieved apricots.  
Chocolate chip cookies.

## LIQUID NO. 5

## Breakfast:

Prune juice.  
Sieved oats, milk.  
Milk.

## Dinner:

Cream soup.  
Pineapple juice.  
Coffee ice cream.

## Supper:

Cream soup.  
Lemonade.  
Ice cream milk shake.

## LOW FAT NO. 12

## Breakfast:

Whole California oranges.  
Quaker Oats, milk.  
Scrambled eggs.  
Toast and jelly.  
Mixed fruit juice.

*Diet menu for Sunday, May 27, 1945, Veterans' Administration, Bronx, N. Y.—*  
Continued

LOW FAT NO. 12—continued

Dinner:

Fat free grilled steak, sirloin.  
Potatoes.  
Fresh wax beans.  
Tomato slices on chicory.  
Canned pears.  
Pineapple juice, jelly.

Supper:

Fat free broth.  
Baked beef hash with tomato sauce.  
Fresh spinach.  
Green salad with lemon.  
Whole apricots in sirup.  
Lemonade, jam.

LOW SALT NO. 13

Breakfast:

Whole California oranges.  
Quaker Oats, milk.  
Scrambled eggs.  
Toast and butter.

Dinner:

Grilled sirloin steak.  
Potatoes.  
Fresh wax beans.  
Tomato slices on chicory.  
Hot club rolls.  
Plain coffee ice cream.

Supper:

Baker beef hash with tomato sauce.  
Green salad with lemon.  
Whole apricots in sirup.  
Chocolate chip cookies.

DIABETIC NO. 14

Breakfast:

1 medium orange.  
 $\frac{1}{2}$  cup oatmeal.  
6 strips bacon.  
Toast and butter.

Dinner:

75 grams fat-free grilled steak.  
1 small potato.  
 $\frac{1}{2}$  cup fresh wax beans.  
1 small fresh tomato on chicory.  
1 medium orange sliced.

Supper:

Fat-free broth.  
 $\frac{1}{2}$  cup diabetic potato salad.  
 $\frac{1}{2}$  cup carrots.  
 $\frac{1}{2}$  cup fresh spinach.  
6 halves apricots without peels.

Beverages: Milk, tea, buttermilk, coffee.

Breads: White, rye, whole wheat.

Approved:

ROBERT C. COOK,  
*Colored, Medical Corps,*  
Manager.

H. C. HARDEGREE,  
*Lieutenant Colonel, Medical Corps,*  
Chief Medical Officer.

HESTER KENDRICK,  
Chief Dietitian.

OBESITY NO. 15

Breakfast:

Same as diabetic.  
No cereal.

Dinner:

Same as diabetic.  
No potatoes.

Supper:

Diabetic menu.  
No potato salad.

MEAT FREE NO. 16

Breakfast:

Same as light.

Dinner:

Light diet.  
Cream cheese.

Supper:

Light diet.  
Omelet.

HIGH CALORIC NO. 11

Breakfast:

Regular menu.  
Bacon and eggs.  
Milk.  
Jam.

Dinner:

Regular menu.  
Milk.  
Jelly.

Supper:

Regular menu.  
Ice cream milk shake.  
Jam.

PRO SIPPY NO. 9

Breakfast:

Half and half.  
Toast and butter.  
Sieved oatmeal, cream.

Dinner:

Soft scrambled eggs.  
Half and half.  
Toast and butter.  
Gelatin whip.

Supper:

Soft cooked eggs.  
Half and half.  
Toast and butter.  
Custard.



The entire day of May 29, 1945, was spent at the Veterans' Administration Neuropsychiatric Hospital, Northport, Long Island, N. Y., where I arrived at 8:40 a. m. and remained until 5 p. m. Going there unannounced, I followed the same procedure as on the previous day at Hospital 81, Bronx, N. Y.

I first called on Louis Verdel, the manager, introducing myself and explaining my mission at his hospital and that I desired to personally see what information I could get from the records. I can only say I received every cooperation possible from Colonel Verdel and his entire staff, as in hospitals of this kind (neuropsychiatric) no visitor is permitted to enter the wards alone without escort.

Relative to authorized bed capacity and emergency beds, I was informed from the records the capacity of this hospital is 2,312, with 494 emergency beds, and that the patient-load on May 29 was 2,753, which is only 53 less beds occupied than provided for, including beds for emergency, which means there are 441 patients hospitalized there in excess of the authorized capacity. This overload of patients has been taken care of by placing additional beds in a number of the wards and converting some day rooms into wards, which it was explained was unavoidable due to the constant heavy load of patients and in particular as it applies to World War II patients.

The records show there are 1,834 World War II patients and 707 World War I patients, making a total of 2,541 World Wars I and II; the remainder of 212 patients are Spanish-American War veterans and peacetime veterans.

Relative to personnel, the following was submitted to me from the records: Physicians, 22 authorized, with 5 vacancies; nurses, 65, with 21 vacancies; hospital attendants, 296 authorized, with 163 vacancies; mess attendants, 91 authorized, with 69 vacancies; laborers, 21 authorized, with 12 vacancies; chauffeurs, 4 authorized, with 4 vacancies. From this it will be noted there is a great number of vacancies existing in all of the various positions.

During the morning I visited the ward where the electric-shock treatment was being demonstrated and personally witnessed three patients receive this treatment, one colored patient and two white patients, all World War II veterans.

The mechanics, application, effects, and result of the application of these treatments was fully explained to me by one of the doctors that administers this treatment at Northport Hospital. Unfortunately, I apparently failed to get his name on my notes made at the time.

The electric machine itself compares in size with a medium-size radio with a number of recording dials giving resistance, voltage used, and length of exposure. Being an electrician holding an electrical engineer's diploma from the New York Electrical School, it was comparatively easy for me to grasp the mechanical part of this treatment as it applied to the electrical machine, its operation, and recordings.

In administering this treatment, in addition to the doctor who actually administers the treatment, handles the machine as well as the electrone applied to the patient, is assisted by three attendants and a nurse. The patient is brought in and laid on operating table, and as this treatment causes the patient for a split second to go into a convulsion a forked rubber mouthpiece is placed in his mouth to protect his tongue, as the patient upon receipt of the application invariably closes down on his teeth biting. In addition there are three small bags filled with soft sand, approximately 16 inches in length by 7 inches in width. Two are placed parallel under his back on each side below his shoulder blades, and the third is placed crosswise under the lower part of his shoulders. This, on a level table, brings his head lower than the level of his body and his chest raised, which is for the protection of his spine, as fully explained by the doctor.

These bags and the mouthpiece being in place, a strip of a sheet is tied around his ankles and held down under the table firmly by one attendant. The other two attendants are placed one on each side of the patient at the table, who before the electrone is applied merely pat his arms and stroke same, but when the electrone is applied they firmly grasp the arms, holding them down, tied to the table.

The electrone is in the shape of a small disk about  $2\frac{1}{2}$  or 3 inches in diameter and is applied to the temple of the patient for two-tenths of a second, that being the length of the application which, of course, is registered on the machine, as is also the voltage and the resistance in ohms. As the electrone touches his temple

he merely stiffens out and goes into a convulsion, as stated, for a small fraction of a second, when he immediately goes to sleep.

This treatment in reality acts as an anesthetic but takes effect instantaneously, as was also explained to me by the doctor. The patient is then taken to his bed, where a strip of a sheet is put over his chest, tied to the bar of the bed on the side, as are also his feet, his arms being free. This is to prevent him from rolling off the bed when he awakens. It was also explained that these patients after having received the treatment will sleep anywhere from 20 minutes to 2 hours, and when they awaken they are feeling perfectly normal—if such statement could be used in connection with the nature of such cases. They suffer no pain or no nausea, as in many instances where a patient has been given an anesthetic of gas or ether. It was also explained to me by the doctor that there is definitely no pain and that the patient has no fear of getting the treatment, which I can testify to personally, as in one of the three cases which I witnessed getting this treatment I talked with him while on the table before the treatment was administered. He talked freely and laughed, and when I ask him if he knew what was going to happen he said he knew something was going to be done but he didn't know what it was.

These treatments are given to each patient three times a week and they receive a series of 20 treatments, after which they are held for observation for a period of 20 days. If at the end of that observation period it is found they have practically recovered their faculties they are then placed in a regular ward and retained for another period of time of from 2 to 3 months, after which there being no recurrence indicated they are discharged from the hospital as cured. If, on the other hand, after a 20 day period it is still found that the desired results have not been obtained they will be given another series of treatments of five or perhaps more, after which the same period of observation will be observed.

I had the opportunity of talking to a number of patients who received the treatment that morning and when they awoke and were asked how they felt they all said they felt fine. When asked if they remembered what happened the answer was "No," that they just awoke and found themselves in bed. None of them had any objection to having this treatment administered to them and as a matter of fact before these treatments can be administered if the patient is competent he must give his consent to the application for these treatments, or if incompetent the consent must be given by the guardian or committee.

In asking the doctor just why it had been determined that this electric shock would in almost every case be beneficial to the patient and just how it acted on the patient, bringing him, as you may say, back to his senses, the doctor explained that these mental cases cannot and do not consider the present or the future but their mind as it functions only recalls and considers past events that brought about this condition. The doctor further stated these treatments have a tendency to break that cycle of thought in the past existing in the mind of all of these patients so they are able for the first time being to realize and consider their present surroundings, which was also demonstrated to me in my conversation with some of the patients, and as these treatments increased in number and perhaps in velocity as in such cases where the voltage is being increased based on increased resistance in accordance with the machine recording. It has a tendency to further break that cycle of thought of the past, the only thing they can think of, with the result that a great improvement is shown in all cases, and in the majority of cases a cure is effected with the result that the patient can be discharged from the hospital and again enter life on the outside as a useful citizen, there being but small danger of a recurrence unless some other extraordinary happening should take place which in isolated cases would necessitate hospitalization.

Later, prior to the first sitting of the noon-day meal, I went through the frigidaire where all perishable foods, vegetables, and fruits are kept, as well as dairy products of milk, butter, and cheese, and the main kitchen where all of the food is prepared.

Everyone at the hospital, including officers, personnel, and patients is served the same food, and I have a set of menus from the Northport Hospital covering the week of May 21, as well as a menu for the day I visited the hospital, which by perusal and reference I think all will agree—as did the patients in that hospital—that the food is very good and well served. All of the men I talked



to in the main dining room—of which there were quite a number, as I stayed in that dining room for a full 30 minutes during the first mess—I personally talked to many individuals and others collectively where I found a table where everybody apparently was willing to talk and ask questions. These menus are submitted for your records.

There are approximately 1,600 patients fed daily three times in the two main dining rooms in that hospital, these dining rooms flanking the main kitchen. They have two sittings each meal, morning, noon, and evening. After each sitting of 30 minutes during which time the tables are all cleared, the silver counted and checked after each meal and the tables are reset for the next sitting, all tables being covered with white sheets as tablecloths.

During the afternoon I visited the orthopedic and physiotherapy departments where there is installed a number of heating cabinets, electric machines of various kinds, lamps and heating units, as well as hydrotherapy. This was handled by a chief aide and three additional experienced aides in this work. This compared favorably, to say the least, with anything of like nature in any hospital I have ever been in.

In addition I visited the various buildings and a number of wards, including the really acute ward, where there of course is a number of very pathetic cases, many of which are beyond recall, and for which there is apparently very little that can be done aside from giving them the best possible care under the circumstances, which I also found from personal observation was quite a considerable problem. There are some of these cases, and in fact some cases I found in other wards aside from the acute ward, where men not only have suicidal tendencies but have a definite killer's instinct and will without any apparent provocation take a swing at the next one nearest him. They also will break up any furniture they can lay their hands on, even though the furniture in this place is very heavy and not easily broken. Restraining efforts, of course, are necessary at times where it will require the efforts of two or three attendants to handle a man. However, I did not see any indication of any patient having been mistreated or manhandled by any attendant. I feel, and in talking with some of the attendants I am confident, they fully realize the condition of the patients and they use every possible means to pacify and quiet them in the best manner. I think there is more danger of one patient hitting another than there is of the attendant hitting them. However, as is well known, there have been allegations made that attendants were accused of manhandling and abusing patients. As to that I am not in a position to testify either in the affirmative or in the negative. Certainly none of that came to my attention during my visit at the Northport Hospital.

Recreation: The hospital library is a quite large room equipped with tables and chairs, well stocked with books and certain magazines, and I was informed by the librarian that many of the patients did take advantage of the library. Two moving pictures a week are shown, usually in the forenoon, where the patients are brought from their respective wards under the escort of attendants. They also have a show at least two or more times during the month where performers and entertainers are brought to the hospital by various organizations. As to outside recreation, there is a nine-hole golf course, a tennis court, and baseball diamond and a shuffleboard court, all of which sports are being indulged in by many of the internees, others witnessing the games of baseball and tennis in large numbers. I would say there are ample opportunities for recreation.

*Regular Diet Menu for May 29, 1945, Northport Veterans' Administration Facility*

**Breakfast:**

Stewed apricots.  
Cornmeal, milk.  
Broiled bacon.  
Bread, butter.  
Coffee.

**Dinner:**

Roast lamb, gravy.  
Parsley new potatoes.  
Summer squash, buttered.  
Bread, butter.  
Apple pie.  
Coffee.

**Supper:**

Cream of asparagus soup, crackers.  
Codfish balls with tomato sauce.  
Buttered peas.  
Bread, butter.  
Lemon gelatin.  
Coffee.

Mrs. ALICE E. GRIFFITH,  
Chief Dietitian.



Dietetic staff: Miss Grace E. Spelman, assistant chief dietitian; Miss Regina Kilgallen, head dietitian; Mrs. Jean Jenkins, and Miss Marjorie Deibler, staff dietitians.

Position	Author- ized	Vacant	Position	Author- ized	Vacant
Physicians	22	5	Mess attendants	91	69
Nurses	65	21	Laborers	21	12
Hospital attendants	296	163	Chauffeurs	4	4

World War II patients..... 1, 834  
World War I patients..... 707

Remaining are Spanish-American War veterans, and peacetime veterans.

*Menu for week of December 26, 1943, Veterans' Administration, Northport, N. Y.*

## SUNDAY, DECEMBER 26

## Breakfast:

Orange halves.  
Honey, puffed wheat, milk.  
Hot cakes, butter, sirup.  
Coffee.

## Dinner:

Boiled ham, mustard.  
Glazed parsnips.  
Fresh vegetable salad.  
Bread, butter.  
Maraschino cherry ice cream.  
Coffee.

## Supper:

Bean soup, croutons.  
Sliced cheese.  
Hashed brown potatoes.  
Bread, butter.  
Fresh apples.  
Coffee.

## MONDAY, DECEMBER 27

## Breakfast:

Canned plums.  
Whole wheat, milk.  
Broiled bacon.  
Toast, butter.  
Coffee.

## Dinner:

Turkey a la king.  
French-fried potatoes.  
Hot spiced beets.  
Bread, butter.  
Steamed carrot pudding.  
Coffee.

## Supper:

Frankfurters.  
Creamed potatoes.  
Shredded carrot.  
Cabbage salad in mayonnaise.  
Bread, butter.  
Fruit cup.  
Coffee.

## TUESDAY, DECEMBER 28

## Breakfast:

Applesauce.  
Bran brose, milk.  
Scrambled eggs.  
Toast, butter.  
Coffee.

## Dinner:

Roast pork, gravy.  
Boiled rice.  
Fresh spinach, lemon.  
Bread, butter.  
Brown betty, cream.  
Coffee.

## Supper:

Turkey soup, crackers.  
Macaroni loaf, tomato sauce.  
Fresh stringbeans.  
Bread, butter.  
Pineapple cornstarch pudding.  
Cocoa.

## WEDNESDAY, DECEMBER 29

## Breakfast:

Stewed peaches.  
Dry cereal, milk.  
French toast, butter, sirup.  
Coffee.

## Dinner:

Hamburgers.  
Pickle relish.  
Onion rings.  
Mashed potato.  
Buttered squash.  
Bread, butter.  
Peach cobbler.  
Coffee.

## Supper:

Creamed eggs on thin cornbread.  
Head lettuce salad with french dressing.  
Bread, butter.  
Assorted canned fruits.  
Tea.

*Menu for week of December 26, 1943, Veterans' Administration, Northport, N. Y.—Continued*

THURSDAY, DECEMBER 30

**Breakfast :**

Kadota figs.  
Cornmeal mush, milk.  
Broiled bacon.  
Bread, butter.  
Coffee.

**Dinner :**

Boiled beef, gravy.  
Boiled potatoes.  
Mashed rutabagas.  
Bread, butter.  
Apricot whip.  
Coffee.

**Supper :**

Baked hash.  
Buttered peas.  
Bread, butter.  
Spice cake with white icing.  
Coffee.

FRIDAY, DECEMBER 31

**Breakfast :**

Grapefruit.  
Oatmeal, milk.  
Boiled eggs.  
Toast, butter.  
Coffee.

**Dinner :**

Fried fish, tartar sauce.  
Creamed diced potatoes.  
Glazed carrots.  
Bread, butter.

Submitted by :

Approved by :

FRIDAY, DECEMBER 31—continued

**Dinner—Continued**

Fig Newton, custard sauce.  
Coffee.

**Supper :**

Spaghetti and meat balls.  
Fresh vegetable salad, heavy french dressing.  
Bread, butter.  
Norwegian prune pudding, cream.  
Coffee.

SATURDAY, JANUARY 1, 1943

**Breakfast :**

Stewed apricots.  
Wheat meal, milk.  
Coffee cake.  
Coffee.

**Dinner :**

Baked ham.  
Mashed sweetpotatoes.  
Cauliflower, mock hollandaise sauce.  
Bread, butter.  
Pumpkin pie.  
Coffee.

**Supper :**

Vegetable soup, crackers.  
Baked beans.  
Cabbage salad.  
Bread, butter.  
Fresh applesauce.  
Tea.

A. E. ANDERSON, *Chief Dietitian.*

LOUIS F. VERDEL, *Manager.*

*Menu of week of September 25, 1944, Veterans' Administration, Northport, N. Y.*

MONDAY, SEPTEMBER 25

**Breakfast :**

Oranges.  
Bran Brose, milk.  
Hot cakes.  
Butter, sirup.  
Coffee.

**Dinner :**

Braised spareribs.  
Steamed potatoes in jackets.  
Seasoned boiled cabbage.  
Whipped gelatin, cream.  
Coffee.

**Supper :**

Chili con carne, saltines.  
Mixed vegetable salad.  
Heavy French dressing.  
Bread, butter.  
Chilled canned plums.  
Coffee.

TUESDAY, SEPTEMBER 26

**Breakfast :**

Stewed prunes.  
Grapenut flakes, milk.  
Scrambled eggs.  
Toast, butter.  
Grape jelly.  
Coffee.

**Dinner :**

Pot roast of beef, gravy.  
Potatoes in jackets.  
Peas and carrots.  
Bread, butter.  
Chocolate chip ice cream.  
Coffee.

**Supper :**

Tomato and barley soup.  
Salmon loaf.  
Creamed potatoes.  
Bread, butter.  
Fig newtons with custard sauce.  
Coffee.

*Menu of week of September 25, 1944, Veterans' Administration, Northport, N. Y.—Continued*

WEDNESDAY, SEPTEMBER 27

Breakfast:

Grapefruit halves.  
Wheatena, milk.  
Broiled bacon.  
Bread, butter.  
Coffee.

Dinner:

Swiss steak, gravy.  
Parsley potatoes.  
Buttered stringbeans.  
Bread, butter.  
Pineapple upside-down cake.  
Coffee.

Supper:

Baked omelet, catsup.  
Stewed corn.  
Cabbage and carrot salad.  
Bread, butter.  
Lemon pudding.  
Tea.

THURSDAY, SEPTEMBER 28

Breakfast:

Kadota figs.  
Oatmeal, milk.  
French toast.  
Butter, syrup.  
Coffee.

Dinner:

Broiled liver, gravy.  
Sage dressing.  
Eggplant, Italian sauce.  
Bread, butter.  
Assorted fresh fruit.  
Coffee.

Supper:

Beef stew with vegetables.  
Hot biscuits, butter.  
Pineapple and cheese salad, dressing.  
Bread, butter.  
Sliced peaches.  
Coffee.

FRIDAY, SEPTEMBER 29

Breakfast:

Stewed evaporated apples and raisins.  
Wheat cream, milk.  
Boiled eggs.  
Toast, butter.  
Coffee.

Dinner:

Fried pollock fillets.  
Parsley potatoes.  
Seasoned stringbeans.  
Celery hearts.  
Bread, butter.  
Cheese cake.  
Coffee.

Submitted by:

Approved by:

FRIDAY, SEPTEMBER 29—continued

Supper:

Italian soup.  
Cheese or bologna.  
Lettuce and Russian dressing.  
Bread, butter.  
Banana ice cream.  
Coffee.

SATURDAY, SEPTEMBER 30

Breakfast:

Grapefruit halves.  
Cornmeal, milk.  
Broiled bacon.  
Bread, butter.  
Coffee.

Dinner:

Baked pork chops, gravy.  
Mashed potatoes.  
Stewed tomatoes.  
Mixed pickles.  
Bread, butter.  
Gingerbread, pineapple sauce.  
Coffee.

Supper:

Baked hash, catsup.  
Buttered asparagus.  
Mixed vegetable salad, French dressing.  
Bread, butter.  
Canned apricots.  
Coffee.

SUNDAY, OCTOBER 31

Breakfast:

Honeydew melon.  
Oatmeal, milk.  
Eggs.  
Toast, butter.  
Coffee.

Dinner:

Roast leg of lamb, gravy.  
Mashed potatoes.  
Glazed carrots.  
Hot rolls, butter.  
Frozen pudding ice cream.  
Coffee.

Supper:

Macaroni and cheese.  
Sliced tomato salad.  
Bread, butter.  
Spiced applesauce.  
Cocoa.

A. E. ANDERSON,  
*Chief Dietitian.*

LOUIS E. VERDEL,  
*Manager.*



*Menu for week of March 26, 1945, Veterans' Administration, Northport, N. Y.*

## MONDAY, MARCH 26

## Breakfast:

Stewed prunes.  
Wheat cream, milk.  
Boiled eggs.  
Toast, butter.  
Coffee.

## Dinner:

Corned beef.  
Steamed potatoes.  
Sauerkraut.  
Bread, butter.  
Snow pudding and custard sauce.  
Coffee.

## Supper:

Split-pea soup.  
Country salad on lettuce with mayonnaise.  
Bread butter.  
McIntosh apples.  
Coffee, milk.

## TUESDAY, MARCH 27

## Breakfast:

Canned plums.  
Boiled rice, milk.  
Scrambled eggs.  
Toast, butter.  
Coffee.

## Dinner:

Roast beef, gravy.  
Mashed potato.  
Braised carrots.  
Bread, butter.  
Orange pineapple ice cream.  
Coffee.

## Supper:

Creamed dried beef.  
Baked potato.  
Head lettuce with Russian dressing.  
Bread, butter.  
Sugar cookies, milk.

## WEDNESDAY, MARCH 28

## Breakfast:

Grapefruit halves.  
Whole wheat meal, milk.  
Hot cakes, butter, sirup.  
Coffee.

## Dinner:

Fish.  
Parsley potato.  
Stewed tomatoes.  
Bread, butter.  
Steamed apricot pudding, hard sauce.  
Coffee.

## Supper:

Vegetable soup.  
Eggs a la king on toast.  
Green salad with heavy french dressing.  
Bread, butter.  
Rice custard, tea and milk.

## THURSDAY, MARCH 29

## Breakfast:

Stewed evaporated peaches.  
Wheat cream, milk.  
Broiled bacon.  
Bread, butter.  
Coffee.

## Dinner:

Roast pork loin, gravy.  
Brownied potato.  
Applesauce.  
Baked Hubbard squash.  
Bread, butter.  
Grapenut pudding.  
Coffee.

## Supper:

Boiled frankfurters and mustard.  
Hot rolls.  
Mashed rutabagas.  
Bread, butter.  
Canned pears.  
Coffee, milk.

## FRIDAY, MARCH 30

## Breakfast:

Oranges.  
Corn meal, milk.  
Boiled eggs.  
Hot Cross buns, butter.  
Coffee.

## Dinner:

Fish.  
Parsley potato.  
New beets and greens.  
Bread, butter.  
Maple ice cream.  
Coffee.

## Supper:

Sliced cheese.  
Baked potato.  
Coleslaw.  
Bread, butter.  
Cottage pudding with chocolate sauce.  
Coffee, milk.

## SATURDAY, MARCH 31

## Breakfast:

Applesauce.  
Wheat cream, milk.  
Country sausage.  
Bread, butter.  
Coffee.

## Dinner:

Broiled beef liver, onion gravy.  
Mashed potato.  
Buttered spinach.  
Bread, butter.  
Cheese cake, coffee.

## Supper:

Cold cuts.  
Potato salad on lettuce.  
Pickle relish.  
Bread, butter.  
Fruit cup.  
Tea, milk.

*Menu for week of March 26, 1945, Veterans' Administration, Northport, N. Y.—*  
Continued

## SUNDAY, APRIL 1

## Breakfast:

Kadota figs.  
Oatmeal, milk.  
Easter eggs.  
Filled coffee cake, butter.  
Coffee.

## Dinner:

Baker Virginia ham, pineapple garnish.  
Glazed sweet potatoes.  
Buttered peas and celery.  
Spring vegetable salad with french dressing.  
Parker House rolls, butter.  
Frozen pudding.  
Coffee.

Submitted by:

Approved by:

## SUNDAY, APRIL 1—continued

## Supper:

Italian spaghetti and meat sauce.  
Dill pickles.  
Bread, butter.  
Canned peaches.  
Coffee, milk.

A. E. GRIFFITH, *Chief Dietitian.*LOUIS F. VERDEL, *Manager.*

*Menu for week of May 21, 1945, Veterans' Administration Facility, Northport, Long Island, N. Y.*

## MONDAY, MAY 21

## Breakfast:

Kadota figs.  
Corn flakes, milk.  
Scrambled eggs.  
Toast, butter.  
Coffee.

## Dinner:

Baked ham, mustard.  
Boiled potato.  
Sauerkraut.  
Radishes.  
Bread, butter.  
Fresh lemon pudding.  
Coffee, milk.

## Supper:

Cold cuts, chili sauce.  
Hashed browned potatoes.  
Tomato, lettuce, and cucumber, salad with mayonnaise.  
Bread, butter.  
White cake, boiled icing.  
Coffee, milk.

## TUESDAY, MAY 22

## Breakfast:

Oranges.  
Bran brose, milk.  
Hot cakes.  
Butter, sirup.  
Coffee.

## Dinner:

Beef loaf, gravy.  
Parsley potato.  
Buttered carrots.  
Dill pickles.  
Bread, butter.  
Peppermint ice cream.  
Coffee, milk.

## TUESDAY, MAY 22—continued

## Supper:

Creamed chipped beef.  
Baked potato.  
Hot rolls, butter.  
Pear and cottage cheese salad, on lettuce with mayonnaise.  
Tea, milk.

## WEDNESDAY, MAY 23

## Breakfast:

Stewed prunes.  
Wheat cream, milk.  
Broiled bacon.  
Bread, butter.  
Coffee.

## Dinner:

Corned beef, pickle relish.  
Boiled potato.  
Seasoned cabbage.  
Bread, butter.  
Date torte, lemon sauce.  
Coffee.

## Supper:

Tomato bouillon.  
Meat salad on lettuce with mayonnaise.  
Mixed relishes.  
Bread, butter.  
Sugar cookies.  
Cocoa.

## THURSDAY, MAY 24

## Breakfast:

Grapefruit halves.  
Oatmeal, milk.  
French toast.  
Butter, sirup.  
Coffee.

*Menu for week of May 21, 1945, Veterans' Administration Facility, Northport,  
Long Island, N. Y.—Continued*

## THURSDAY, MAY 24—continued

## Dinner:

Pot roast of beef.  
Browned potatoes.  
Buttered sliced parsnips.  
Cucumbers and onions in vinegar.  
Bread, butter.  
Pumpkin custard pie.  
Coffee.

## Supper:

Meat loaf, gravy.  
Buttered peas.  
Head lettuce with Thousand Island  
dressing.  
Bread, butter.  
Fruit cup.  
Coffee, milk.

## FRIDAY, MAY 25

## Breakfast:

Canned plums.  
Cornmeal, milk.  
Boiled eggs.  
Toast, butter.  
Coffee.

## Dinner:

Fish fillet, lemon sauce.  
Parsley buttered potatoes.  
Fresh vegetable salad with heavy  
french dressing.  
Cornbread, butter.  
Cherry sundae.  
Coffee.

## Supper:

Vegetable soup, crackers.  
Baked macaroni and cheese.  
Celery hearts and dill pickles.  
Danish coffee cake.  
Coffee.

Submitted:

Approved:

## SATURDAY, MAY 26

## Breakfast:

Apple sauce.  
Grape-Nuts flakes, milk.  
Eggs.  
Toast, butter.  
Coffee.

## Dinner:

Broiled sausage links.  
Mashed potatoes.  
Stringbeans and stewed tomatoes.  
Hot biscuits, butter.  
Jelly.  
Sliced pineapple.  
Coffee.

## Supper:

Apple fritters, sirup.  
Buttered corn.  
Vegetable salad, french dressing.  
Bread, butter.  
Whipped fruit gelatin.  
Milk.

## SUNDAY, MAY 27

## Breakfast:

Grapefruit halves.  
Oatmeal, milk.  
Broiled bacon.  
Bread, butter.  
Coffee.

## Dinner:

Roast lamb, gravy.  
Browned potatoes.  
Buttered fresh spinach.  
Hot rolls, butter.  
Chocolate ice cream.  
Coffee, milk.

## Supper:

Baked lima beans.  
Boston brown bread.  
Pickle relish.  
Bread, butter.  
Bavarian cream.  
Tea, milk.

A. E. GRIFFITH, *Dietitian.*

LOUIS F. VERDEL,  
*Colonel, Medical Corps,*  
*Manager.*

The entire day from 9 a. m. until 5 p. m. on May 30, 1945, was spent at Veterans' Administration Neuropsychiatric Hospital, Lyons, N. J., Mr. Homer Roger, manager (acting) since former manager Mr. Head was transferred from Lyons and who in turn will be transferred to the regional office at Newark, N. J., when that office is removed from the Lyons Facility, and I was informed Colonel Foster will take over as manager of the Lyons, N. J., hospital on June 1, 1945.

On arrival I first called on and contacted Mr. Reger following the same procedure as in Bronx Hospital 81 and Northport Hospital and received the same courteous treatment and offer of every cooperation in going through the hospital, as well as being furnished with any information desired from the records.

In discussing the bed capacity at Lyons, the records show standard 1,704—27=1,677; emergency beds, 384; total, 2,061. Present load May 29, 1945, 1,913 patients, of which 58 are TB receiving special care and attention.

Distribution of emergency beds was accomplished by placing extra beds in 14 wards and buildings (see the attached official list submitted by the clinical clerk.)



Relative to personnel, in all positions, there is attached an official chart indicating total number of positions authorized, filled, and vacant. This list includes both hospital, regional office, and administrative personnel.

In investigating the food question, going through the refrigeration plant, main kitchens—of which there are two in the different groups of buildings at Lyons—the bakery and other auxiliary plants, I found every place very clean, the food well kept in the various storage rooms, well prepared for the kitchen, well cooked and well served throughout both in dining rooms and on the wards. Copy of menu is herewith submitted.

All baking is done on the premises and 500 gallons of milk is consumed daily, 300 of which comes from the hospital's own dairy farm and 200 are delivered by outside dairies.

As to attendants quota, 368 are authorized, 362 positions filled with only 6 vacancies on May 30. However, 50 percent or more of these are conscientious objectors which at Lyons are merely referred to as objectors which the same as men on limited service in the Army assigned to hospitals are paid by the Army receiving no remuneration from the Veterans' Administration. Some of these attendants, I was informed, are doing a good job but the great majority resent being there considering themselves socially and mentally far above performing the menial tasks usually assigned to hospital attendants. One of these conscientious objectors once at the Lyons Hospital, Mr. Robert Heggler, I was told by Mr. Roger walked into his office one day unannounced and told the manager that he was walking out of the hospital leaving the reservation. When Mr. Roger talked to him telling him that he was assuming the wrong attitude and that he could not get away with it, the answer was "I have been here 8 or 9 months doing this dirty work and I'm through and leaving—if you want me you can come and get me." Well it seems as so they did go and get him and he is now serving a term in prison.

There is published in Philadelphia a booklet entitled "The Attendant" and I was handed a copy of the May issue of that booklet consisting of 23 letters, 5 of which were written by M. D.'s, the rest by laymen and attendants. This copy I will submit for the records if desired.

In visiting a number of wards I was accompanied by Mr. Grover C. Kolk, chief orthopedic aide. I saw and talked with a great number of men some of whom were what they call "handcuffed"; these handcuffs are not the usual steel bracelet you see slapped on the wrists of a criminal but are leather cuffs about  $3\frac{1}{2}$  inches long on each wrist with a strap about 12 or 14 inches long connecting the two cuffs with still longer straps from the cuffs attached to a belt worn around the waist. This gives the man comparatively free motion of his hands but still restrained to the extent that he could do no bodily harm to himself or others. These men did not seem at least worried about the cuffs and as a matter of fact shook hands with me and talked quite freely and at some length. The only complaint I got from them was that they were in a hospital, that they should not be there like prisoners, they should be sent home, stating in some instances if they needed treatment they could get it from outside doctors as they had plenty of money to pay for their own treatment, asking and begging me to get them out and in fact one young boy from World War II insisted that I take him out with me that night, cuffs and all, and I had some job to convince him that I could not do that but would do all I could to get him out. He apparently was satisfied and pleased with what I told him as he smilingly shook hands with me at the door when I left the ward.

Some of these men are really clever. They can give you a good line and write a good letter. Were you to meet them outside of an institution and listen to them you would hardly ever suspect there was anything whatsoever wrong; however, you may have before you a very bad dementia-praecox case, really dangerous.

I also visited and went through the acute ward where a number of patients were segregated in one large day room amply supplied with heavy chairs and large benches which were by no means fully occupied as the patients just kept milling around in the room, and three attendants were on duty in this room. There were also in this ward a number of small rooms approximately 12 by 15 feet where just a single patient was placed. The only furniture in some of these rooms being a large heavy chair, while two or three of these rooms had no furniture whatsoever.

On entering some of these rooms the patient being spoken to and called by name would answer and as a matter of fact some of them shook hands with me but would not engage in any conversation or do any talking. In one of these rooms where a World War I veteran was confined I was introduced to him by

Mr. Kolk and he shook hands with me and started talking in general for perhaps a minute or so when he immediately stood up and started raving, cursing, and screaming at the top of his voice, swinging his arms and threatening to kill Mr. Kolk. Two attendants were stationed at the door which was open to keep the patient from walking out into the corridor. However, both Mr. Kolk and myself gratefully backed out of that room, and the patient continued to scream as long as we were on the ward. They did not close and lock the door as it was explained by the attendants by doing so he would just become more aggravated and they merely stood in the door preventing him from coming out. He did not threaten the attendants nor did the attendants in any way threaten him, merely gently turning him around and easing him back when he approached the door. Some of these patients would not say a word or utter a sound, and some of them I was told were in very bad condition and apparently there being nothing much that could be done for them. Most of them, however, ate their meals regularly, although some at times refused to eat and had to be coaxed into doing so.

I also visited the room where the so-called water cure is being administered, there being 12 or 15 tubs in the room where the patients are placed on a sling in the tub with a heavy retaining canvas cover over them firmly strapped around the tub so they cannot get up until they were ready to be removed. The water in these tubs is kept at a consistent body temperature and had, I was informed by the orthopedic aide, a tendency to soothe the nerves of the patient, who sometimes would go to sleep in the tub where they were retained for 2 hours, patients going in and out of these tubs at 2-hour intervals during the entire day. Coming out of the tubs they dry themselves with large towels and dress themselves, after which they are taken back in to the large day room.

I was also told that if they had sufficient facilities it would be a good thing to keep them in the tub longer than the 2 hours but that lack of sufficient facilities as well as the fact that a great number of patients were being given this treatment, the time of treatment had to be limited.

I also visited the section where electric-shock treatment was administered and while I didn't witness the administration of this treatment at Lyons, as I had at Northport, I however had a length talk with Major Pressberg, in charge of this section and who administers the treatment. Major Pressberg explained this treatment in detail as well as the effects of it and results obtained, as did the doctor at Northport the preceding day. His explanations were identical with those given me at Northport and during my stay in his office two ladies entered the office, not together but separately, one being the mother of a World War II veteran that had received a number of the electric-shock treatments and she stated to Major Pressberg that she desired to thank him for the way her boy had been treated there and was very much impressed and appreciative of the great improvement shown in his condition, saying it really was wonderful.

The other lady was the wife of a World War II veteran, who also thanked him and expressed her appreciation for the treatment given her husband, stating he had also shown wonderful improvement. Major Pressberg told me there was no question but what both of these men would fully recover and in due time be discharged from the hospital with many others.

While in his office a nurse brought in about a dozen files, all with clinical records of men that were due to be discharged from the hospital, and Major Pressberg informed me this was a daily occurrence although the number brought in that day was unusually large. From those files I took two at random and got the names, one being Frank Rocco, who, at one time, was one of the toughest and hardest to handle cases in that hospital, that he was continuously fighting and hitting everyone coming within his reach. He was a World War I veteran and had received 43 electric-shock treatments, which I was told was an exceptionally large number. However, after receiving all of these treatments and having undergone the usual period of observation, and in addition having been retained in the hospital for several months, he was now in a condition that he could safely be discharged from the hospital.

The second was the case of Daniel Costigan, a World War II veteran who, it was stated, had hallucinations with suicidal intent and as a matter of fact he had tried to commit suicide on two occasions but failed in his attempts. He, however, was trying to starve himself to death as he would sit in a corner refusing to eat and had to be plead with and coaxed into eating and sometimes had to be fed. Being a far younger man than the World War I veteran he responded more rapidly to the electric-shock treatment and he had only received 15 treatments after which he was placed under observation and retained for an additional length of time, he now, having fully recovered, is ready for discharge from the hospital and will be discharged within a very few days. These were merely two of about a dozen cases that were up for discharge. This would indicate that at



Lyons as well as at Northport these treatments were effective and brought about good results.

Relative to recreation, this hospital also has its own orchestra or band which gives concerts in the hospital and plays in the main dining room during the noon meal. However, on the day I visited there this band was absent from the hospital having been loaned to some town or village, the name of which I do not recall, for the Decoration Day parade in which they took part. Lyons Hospital also has an auditorium for moving pictures at least twice a week and has a large library apparently well stocked, a nine-hole golf course, tennis court, and baseball diamond. I consider the recreational facilities equal to those of the Northport Hospital and I know far above par with some State, county, and municipal hospitals of like nature in the State of New York.

There is a new group of buildings now under construction at Lyons Hospital, one of which is completed and houses the main kitchen for that group and main dining rooms as well as a number of wards; one building of this group is partially occupied. Two additional buildings are expected to be completed and turned over in the near future. This will, of course, greatly increase the capacity of that hospital.

The one bad feature about Lyons Hospital is transportation facilities. The Lackawanna Railroad has a branch line running up to that part of Jersey, the station at Lyons being 3 miles from the hospital and the bus service between the station and the hospital is very poor. Two trains a day I was informed are run on that branch, one early in the morning and a second not arriving until the afternoon. The day I visited the hospital was visitor's day and I noticed that to catch the evening train some time after 5 o'clock many of the visitors at the hospital actually had to walk that distance to the station. The only other way of going to the hospital is by taking a train from Hoboken to Summit which is over 10 miles from the hospital, there being no bus service from Summit but there apparently are a number of taxis operating which charge from \$3 to \$4 for the single trip.

This transportation handicap makes it very inconvenient and hard on parents and relatives desiring to visits their sons and husbands at that institution and it appears as though the Veterans' Administration should be in a position to alleviate these hardships and inconveniences. Certainly ample bus service should be provided from the railroad station at Lyons to the hospital, a distance of 3 miles, as well as bus service installed from Summit to the hospital. Just what measures could be taken to alleviate this condition I am not prepared to state but I feel it could be accomplished through administrative action.

This transportation problem also applies to the Northport Hospital.

VETERANS' ADMINISTRATION,  
Lyons, N. J., May 30, 1945.

From: Clinical clerk.  
To: Manager.

The following information is submitted in compliance with your request of this date.

1. Capacity of hospital:	
Standard 1704-27	1, 677
Emergency	384
Total	2, 061
2. Present load (May 29, 1945)	1, 913
3. Number of emergency beds	384
Distribution of emergency beds:	
Ward 1-B	17
Ward 1-C	15
Ward 2-A	19
Ward 2-B	13
Building 4	17
Building 6	40
Ward 7-A	18
Building 8	20
Ward 9-A	13
Ward 9-B	16
Ward 53-A	53
Ward 53-B	52
Ward 55-A	39
Ward 55-B	52

M. B. SCHROTH, *Clinical Clerk.*



*All positions, Veterans' Administration, Lyons, N. J.*

	Author- ized	Filled	Vacant
Medical officers.....	31	24	7
Dental officers.....	3	3	0
Nurses.....	69	64	5
Medical technical personnel.....	42	29	13
Medical administrative personnel.....	37	36	1
Attendants.....	368	362	6
Utility.....	101	97	4
Adjudication.....	116	63	53
Legal.....	16	13	3
Vocational rehabilitation.....	48	31	17
Supply.....	22	21	1
Finance.....	32	22	10
Loan guarantee and readjustment.....	14	2	12
Office of manager <sup>1</sup> .....	98	71	27
Total.....	997	838	159

<sup>1</sup> Includes mail and records, contact, personnel unit, and telephone operators.*Tentative menu for regular diet patients and personnel, week of May 27, 1945*

## SUNDAY, MAY 27

## Breakfast:

Stewed dried fruit compote.  
Whole-wheat meal, milk, sugar.  
Jam.  
Toast, butter.  
Coffee.

## Luncheon:

Roast beef, gravy.  
Buttered parsley potatoes.  
Buttered fresh garden spinach.  
Celery.  
Bread and butter.  
Fresh strawberry sundae.  
Coffee.

## Dinner:

Cold sliced meats.  
Creole salad.  
Pickled beets and onions.  
Rye bread and butter.  
Applesauce cake with caramel  
icing.  
Coffee.

## MONDAY, MAY 28

## Breakfast:

Bananas.  
Cornflakes, milk, sugar.  
Bacon.  
Toast, butter.  
Coffee.

## Luncheon:

Vegetable soup, crackers.  
Sliced cheese.  
Fruit salad, cream dressing.  
Bread and butter.  
Caramel bread pudding.  
Coffee.

## MONDAY, MAY 28—continued

## Dinner:

Baker spiced ham, gravy.  
Buttered parsley potatoes.  
Fried cabbage.  
Celery, radishes.  
Bread and butter.  
Fresh apple pie.  
Coffee.

## TUESDAY, MAY 29

## Breakfast:

Fresh apples.  
Oatmeal.  
Milk, sugar.  
French toast, with sirup or  
Eggs, with toast, butter.  
Coffee.

## Luncheon:

Hot roast beef sandwich, gravy.  
Mashed potatoes.  
Coleslaw.  
Bread and butter.  
Prune ice cream.  
Coffee.

## Dinner:

Beef stew, with vegetables.  
Steamed rice.  
Pear and cottage cheese salad with  
dressing.  
Bread and butter.  
Banana custard pudding.  
Coffee.

## WEDNESDAY, MAY 30

## Breakfast:

Stewed sweetened cherries.  
Shredded Wheat biscuit.  
Milk, sugar.  
Eggs with toast, butter, or  
French toast with sirup.  
Coffee.

*Tentative menu for regular diet patients and personnel, week of May 27, 1945—*  
Continued

## WEDNESDAY, MAY 30—continued

## Luncheon:

Sliced ham and cheese sandwich.  
Potato salad,  
Radish and parsley relish.  
Bread and butter.  
Fruit cup, lemon snaps.  
Coffee.

## Dinner:

Grilled sirloin steak.  
New potatoes.  
Creamed carrots and peas.  
Bread and butter.  
Frosted cup cakes.  
Coffee.

## THURSDAY, MAY 31

## Breakfast:

Oranges.  
Wheat cream meal.  
Milk, sugar.  
Scrambled eggs with chopped bacon.  
Toast, butter.  
Coffee.

## Luncheon:

Italian spaghetti with meat sauce.  
Head lettuce salad with Thousand  
Island dressing.  
Hard-water rolls, butter.  
Tutti frutti ice cream.  
Coffee.

## Dinner:

Roast fresh pork, gravy.  
Applesauce.  
Mashed potatoes.  
Fresh spinach.  
Bread and butter.  
Blueberry cobbler.  
Coffee.

Submitted by:

Approved by:

## FRIDAY, JUNE 1

## Breakfast:

Stewed dried peaches.  
All Bran, milk, sugar.  
Griddle cakes with sirup or  
Eggs with toast, butter.  
Coffee.

## Luncheon:

Cheese souffle.  
Buttered lima beans.  
Pineapple and cheese salad.  
Whole wheat rolls, butter.  
Baked custard.  
Coffee.

## Dinner:

Tuna fish and noodle casserole.  
Buttered fresh string beans.  
Celery, carrot strips.  
Chocolate meringue pie.  
Coffee.

## SATURDAY, JUNE 2

## Breakfast:

Fresh apples.  
Oatmeal.  
Milk, sugar.  
Eggs, with toast, butter or  
Griddle cakes, with sirup.  
Coffee.

## Luncheon:

Boston baked beans.  
Waldorf salad.  
Cinnamon raisin bread and butter.  
Fruit cup.  
Coffee.

## Dinner:

Frankfurters, mustard.  
Fried potatoes.  
Sauerkraut.  
Bread and butter.  
Canned pears, sugared doughnuts.  
Coffee.

FLORENCE M. O'BUELL,  
*Chief Dietitian.*

HOMER ROGERS, *Manager.*

[From the Attendant, Vol. 2, No. 5, May 1945]

PERHAPS THESE ARE SOME OF THE ANSWERS

## A READERS' SYMPOSIUM

In the February issue, we printed an editorial titled "Maybe We Can Find the Answers," in which we raised some questions about standards of attendant care. We invited comment from readers, and promised to summarize replies in the May issue.

For several weeks, it has been apparent that no mere summary could do justice to the abundance of helpful letters we have received. There-

fore, we have postponed to July the Here's How feature we had planned for this issue, in order to share with you 23 selected letters. We hope you will enjoy reading them as much as we have.

We'd still like to hear from those of you who haven't written.

An attendant in a privately owned hospital for psychiatric patients:

"\* \* \* Out of the last eight persons discharged (from this hospital), one was released for sheer incompetence, two for unnecessary brutality, and the other five were actually taken from their respective wards for drunkenness while working.

"You spoke, editorially, of raising the standards among the attendants. Of what use to urge a period of study or a course of lectures and training on such as these? They already know all there is to know about 'bughousing,' as they call it. Haven't they been at this game for the past 25 years? Haven't they worked in every institution from Salem to Savannah? Haven't they been fired from better houses than this, all the way from Miami to Medical Lake? They have \* \* \*.

"This type \* \* \* will defy any and all attempts at standard-raising or improvement. Perhaps this condition will right itself after the war, when the many good attendants come back to institutional work, but right now it's deplorably, incredibly messy \* \* \*.

"For the many, this institutional work represents a fortunate, if paradoxical, admixture of economic security plus the freedom to come and go as they please. If they get fired here, there are plenty of other houses screaming for help.

"Frankly, some of them are not worth the wage they're getting. To paraphrase Churchill, 'never have so many been paid so much for so little.'

"I don't think it can be said, with truth, that this institution is alone in this predicament, for the very sound and simple reason that the people we get were formerly employed at other houses, and will work for still others when they leave here. They will carry with them, wherever they go, their own particular brand of work trouble, be it incompetency or liquor \* \* \*.

"What is obviously needed is not an improvement of existing personnel (except by culling) but a higher standard set for entry into the profession \* \* \*.

"The role of attendant is difficult and complex. The aspirant needs be teacher, guide, therapist and, above all, friend. Nothing less will suffice. Harsh? Not a bit of it. Just good insurance for the ill in mind \* \* \*.

"(We should) offer the prospective attendant a career instead of a job \* \* \* a salary instead of a wage \* \* \* the security of license and prestige \* \* \*.

"An M. D., a Ph. D., a D. D.—these things are held in highest esteem, almost revered. Just as the other degrees merit recognition—M. A., R. N.—so would a psychiatric attendant (P. A.). I'd be willing to work toward a degree, but not for just a job. Anybody can get a job, but not everybody can get a degree. In spite of what might be said to the contrary, a degree is almost positive proof that the holder 'has what it takes' to do the work in hand \* \* \*."

E. H. Crawfis, M. D., superintendent of the Cleveland, Ohio, State Hospital:

"\* \* \* I am thoroughly in agreement with the suggestion for a training course for attendants. On two occasions I have participated in a training course for attendants, although each of the courses was rather short and not nearly as comprehensive as was mentioned; in both instances I was quite gratified by the response of our attendants to these courses.

"I feel that we are too critical of our present group of attendants. As psychiatrists we have had the benefits of long and arduous training, and understand our patients. We expect our attendants to have as good understanding of them without benefit of such training.

"Likewise, I am thoroughly in agreement with the attempt to raise attendants to a professional status. I believe this is the only method by which we will be able to offer our patients the care that they should receive \* \* \*. It seems to me that this is a particularly good time, since the nursing profession is now becoming aware of the implication and benefits of psychiatric nursing \* \* \*."



Three attendants who work in a Veterans' Administration facility:

"Some hospitals \* \* \* have concerned themselves with attendant-training programs of various sorts. Yet we sense an inadequacy in these programs.

"The hospital training programs that we have become acquainted with have limited themselves to a discussion of diagnoses, an explanation of the routine duties of the attendant, and perhaps a smattering of suggestions and hints on the best techniques in approaching patients and securing their cooperation. Little emphasis has been placed on the necessity for concern in the field of character development on the part of the attendant \* \* \*.

"The result of this gross neglect is self-evident. We have witnessed veteran attendants, who were there to help those in difficulty, themselves slowly disintegrate until they, too, required hospitalization \* \* \*. We have watched men as they tried to handle the trying situations that inevitably arise in any ward routine, and find them responding in a very unhealthy fashion. It is not uncommon to see them cursing the source of their irritation, or demanding that the patient jump at the first word of the attendant, or retaliating in kind and in degree when (they are) physically assaulted, or refusing to give consideration to \* \* \* simple requests \* \* \*, or refusing to cooperate with fellow workers \* \* \*, or taking 3 and 4 days off per week instead of the scheduled 1, or any one of the innumerable other ways of displaying their lack of healthful integration \* \* \*.

"A philosophy that controls (an attendant's) behavior as the various situations arise \* \* \* needs to be given attention in any training program that is instituted in a mental hospital \* \* \*. An intensive program of personal guidance and counseling would be of great value \* \* \*. (It) would assist the attendant to solve his own difficulties and thereby enable him to be more efficient in his work in the existing organization and more effective in his dealings with the patients. He would then be more qualified to discuss the patient's problems with him and to lend direction and purpose to his thinking. Without this personal integration, it is as though we, the blind, are attempting to lead others, just as blind, through the maze of obstacles and frustrations which are a part of life. With this integration, he would be a far more sympathetic, understanding and considerate individual whose presence would not be annoying, but rather, whose spirit would lift the morale of those with whom he came in contact \* \* \*.

"Attitudes do not change by lectures or the acquisition of routine skills. They are a product of an individual's thought and emotional make-up, and it is fruitless to attempt to change them on anything but a personal basis. Therefore, if any training program is to be at all effective, it must begin its education at the basic points and not in the more superficial areas."

Frank F. Tallman, M. D., commissioner of mental diseases for the State of Ohio:

"\* \* \* The editorial in the February issue of the Attendant \* \* \* is well written and very pertinent. I am satisfied that well planned and carefully executed programs of instruction should be given to all individuals who work in intimate contact with patients in the institutions for the mentally ill, epileptic, and mentally defective. I believe such a course should include those who supervise patients at their daily work in the laundry, kitchens, or any other service department. In other words, any course should, whenever possible, include all those who are in a position to help the patient.

"The time may come when ward employees will all be registered nurses. However, there are many wards in an institution which do not really require the attention of full-time registered nurses, and it should be kept in mind that the mere fact of having a diploma in nursing does not guarantee any better understanding of mentally sick people than if the diploma were not obtained. I have seen many attendants who were more constructive in their working with patients than nurses.

"It should be pointed out, however, that while a course of instruction is important, the proper selection of personnel is even more so. There are many people who could successfully take the course and pass it, but whose own personality make-up is extremely authoritative and punishing. This type of individual should be eliminated, preferably by refusal of employment, but certainly within the first 2 or 3 months of employment. Equally unfortunate are the individuals who con-

sider themselves a martyr to the cause and who make the patients feel (themselves) the object of fulsome pity and the unhappy charges of a corps of martyrs \* \* \*.

"I think that the question of adequate compensation, not only taking into account length of service but putting a premium on satisfactory service, is very worthy of discussion.

"I am completely in accord with a proper accredited course for attendants. Not only do I think the course ought to be approved by the American Psychiatric Association, but I think the diplomas obtained upon its completion should also be accredited and a new category set up by each board of examiners for nurses \* \* \*.

"While I believe it is important to give the attendants a reasonably scientific background for their work, I believe it more important to give them a psychiatric attitude and to continuously stimulate their curiosity and interest. Finally, due recognition should be given the attendant for his good work with the patients."

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George S. Stevenson, M. D., medical director of the National Committee for Mental Hygiene:

"\* \* \* Preparation of the attendant for his job involves two considerations. First, there are many technical processes that an attendant has to learn, and many aspects in so large an organization as a mental hospital with which he must become acquainted.

"There is the attendant himself as a person. The second element depends upon the training that the attendant has been given over the whole of his preceding life, and is only superficially subject to alteration by anything short of a process comparable to therapy. The insurance of a good attendant from this second standpoint is chiefly a matter of careful examination and selection.

"For the first consideration a curriculum can be evolved that should be effective, and the size of the problem justifies serious attention to it."

---

Arthur E. Morgan, of Yellow Springs, Ohio; formerly a Director of the Tennessee Valley Authority:

"The editorial in the February Attendant, like publication of the Attendant itself, promises a new day for care of mental cases. Your work may prove to be of historic importance.

"I should like to make one suggestion with reference to training and licensing attendants. In one field after another professional status has been sought for and achieved, and generally a certain amount of formal professional training is required. Very often this requirement eliminates some of the finest prospects in the field who do not have such training \* \* \*.

"If standards are set for attendants—and they should be—it would be a pioneer step in the process of measuring qualifications to make provision for fine personalities who are adequate to the work, whether or not their adequacy came by formal training. I am familiar with all the arguments to the contrary—how reliance on judgment can be made a means for accepting the unfit, etc. However, I think the field of attendant should not be arbitrarily narrowed by requiring formal training in every case, and the field of work should not be closed for qualified persons who have not arrived by the standard process \* \* \*."

---

An attendant serving a Veterans' Administration facility:

"\* \* \* No one likes to be a lackey. Yet this is the plight of the average attendant in a mental hospital. He is assigned to menial tasks of housekeeping and key-turning requiring no specific training or ability. Since his work is unskilled, the attendant finds none of the satisfactions which come from doing an important job and doing it well. Is it any wonder, then, that chronic alcoholics, homeless men, and derelicts are the only persons who seek employment in a field which could make use of the most intelligent and highly skilled manpower?"

"The first requirement, therefore, is to give the attendant duties and responsibilities which require semiprofessional training and skill. Once this is accomplished, the attendant gains a new status which entitles him to the respect of doctor and nurse as a trained fellow worker, rather than a subordinate of indifferent quality. This fight for \* \* \* professional status has been fought in every

new employment field—most recently in teaching and social work. It must be fought and won by mental-hospital workers if we are to expect a quality of work equal to the task.

"It is futile, in my opinion, to expect the attendant to change from an unskilled worker to a semiprofessional worker within our present institutional framework. This means that our mental hospitals must undergo a radical change. Custodial care must be replaced by a program of intensive therapy employing the best methods of modern neuropsychiatric treatment. A custodial institution can 'get by' with untrained attendants picked at random from the streets. Its entire 'treatment program' is of such a low quality that a trained person would not only find his talents wasted—he would find that he is actually not welcome.

"If we are to expect better people to come into the field, we must start at the top—we must first find competent psychiatrists, competent administrators, and competent psychiatric nurses. Once we have stepped up the quality of the professional people at the top, we can begin to raise the standards of those down at the bottom. This, in my opinion, is sound administrative practice, and it is a sound basis for tackling the problems which you have posed."

---

James Lewald, M. D., Superintendent of the District Training School at Laurel, Md.:

"The article \* \* \* appearing in the February issue of the Attendant is timely and provocative of thought.

"It is essential that a better type of personnel be recruited for attendant duties and that they be given a course of within-service training so that they will have a proper approach to the various problems that arise in the regular day's work, and for which the attendant must be equipped with knowledge and judgment so that he may not only satisfactorily handle the immediate demands made upon him but may aid in the social and economic rehabilitation of the patient.

"The approach must be through better pay, reasonable hours, sufficient manpower to handle the patients with kindness and consideration, security for the employees in their job, and reasonable assurance that good service will be rewarded by greater responsibility, increased pay, and other rewards for meritorious service. The trend has been toward these objectives, but it has been slow.

"Adequate and informative material must be given publicity through any means available so that the general public will be awakened to the needs that exist and so that eligible persons will seek this type of employment. Once a nucleus of proper personnel is obtained, the program will proceed at a better rate, as good employees attract others who are potentially good employees while the adverse is also true.

"Your publication can do much to stimulate this very urgent reform measure."

---

Robert C. Woodman, M. D., consultant on mental hospital service of the National Committee for Mental Hygiene:

"I \* \* \* have revolved the matter in my mind several times, not knowing how to answer briefly concerning a matter which has no final answer and which is a matter which must be answered over again every day.

"It seems to me that it is first a matter of getting the best possible people to take up the work. There will always be people who are looking for work. The duties give satisfaction to those sorts of persons who, like people, have a well-developed herd instinct and \* \* \* like animals and pets. Persons in search of showy careers or big money are never going to be satisfied with the work nor give satisfaction in it. Money cannot attract or make good attendants. Training and good examples can improve and inform those with some natural talent.

"It takes time to make a good attendant. He must find his primary interest in his or her patients and work. He must identify himself with his institution and his patients, or he is not really good.

"These ends can be well served only when responsibility and direction are centered in the institution itself. I see a serious deterioration in the character of the services rendered the insane when the attendants receive their appointments somewhere else, expect advantages from somewhere else, and their loyalties are elsewhere.

"I am for pay enough to bring in applicants. Let them be selected on the job, trained for it on the job and responsible to their superiors on the job, be appreci-



ated on the job, and with the kind of ambition that gets its satisfaction from service to others. There should be security of tenure during good behavior, security for old age, and a willingness to serve in the ranks as a large majority of the people must do in any walk of life, and then the attendant can live a good and satisfactory life.

"Many others will take up the work on a temporary basis. Well-disposed young people starting to make their way in the world can do very well by their patients if well led by some older reliables, and a fraction of them make the old reliables of the future.

"My best wishes to your attempts to improve the standards of the attendants themselves."

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Laura W. Fitzsimmons, R. N., nursing consultant of the American Psychiatric Association:

"Your editorial—Maybe We Can Find the Answers—I consider excellent and timely. The fact that I have worked unceasingly to encourage the establishment of courses for attendants will indicate my agreement with your general thesis of their importance in the mental hospitals \* \* \* I believe the following excerpt from the manual for the instruction of attendants now being prepared gives my opinion as to the place of the attendant in the hospital: 'The attendant should understand that he has a position of responsibility and trust and that his ability to develop certain intangible qualities will be rated equally with his ability to develop certain arts and skills. His position in the hospital is one of dignity and importance, but he must guard against the abuse or overuse of authority.' \* \* \* I am convinced that the establishment of courses is the first step in gaining the recognition long overdue for this group of hospital employees.

"There is one point in the editorial with which I would disagree and that is that every attendant must be a high-school graduate (as quoted from Dr. Tarumianz). While I am thoroughly in favor of education, I have seen some mighty fine attendants who were not high-school graduates. Understanding human beings and reacting kindly toward them are innate spiritual qualities often evident in people who have had few educational advantages and sometimes, I regret to say, conspicuously absent in some of those with university degrees. I trust that you will not construe this to mean that I believe any ignorant person can be an attendant \* \* \*."

---

Pearl Buck, author and lecturer:

"\* \* \* The conditions in so many of these (mental) institutions are deplorable, and I have felt that the basic reason for this is the low type of person generally used for attendants.

"My own belief is that the most important persons in such institutions are the attendants, or those who are in direct contact with the patients. Anything which [you] can do to set higher standards of care and kindness for the unfortunate patients is one of the greatest contributions that could possibly be made to mankind. I have seen cases where kindness and patience brought a patient to surprisingly high levels of intelligence and behavior. Correspondingly, cruelty and carelessness can wreck what is left of a sick mind and a weak body \* \* \*."

---

An attendant in a State institution for the mentally defective:

"I believe you have something there \* \* \*. You are correct in stating that the work of an attendant should be called professional. That is the only way that high uniform standards can be attained and maintained. If one State could adopt these standards, a training program would have to be begun. Or perhaps if some hospital would institute a training course, and a society of registered attendants organized, some State would conform to the standard. And when we get one State to adopt these proposals the great problem is solved. With time, the others will certainly come around. Then the difficulty will be that of arousing public interest enough that legislators will appropriate the money to pay these attendants professional salaries. Let's keep working on the idea."

Robert A. Clark, M. D., clinical director of Western State Psychiatric Institute, Pittsburgh, Pa.:

"\* \* \* I found the editorial \* \* \* interesting and well written. I agree heartily with your feelings that the attendant be given more recognition and better training.

"First, higher pay would be needed, with raises for length and efficiency of service.

"Second, as suggested by Governor Dewey's committee in New York, some certification, perhaps as practical nurses, could be given to the attendant after he passed a training course and served well for at least a year.

"Third, interested and intelligent attendants of the ordinary type could be encouraged to take up training as nurses or technicians or O. T. workers \* \* \* and in that way the caste system so prevalent in State hospitals might be partially broken down.

"Fourth, attendants should be able to live outside the hospital with pay in lieu of maintenance if they wish, so that they may marry and have children, own their homes, have gardens and in other ways live like ordinary humans. Husbands and wives could both work in the hospital under such an arrangement.

"Fifth, at the Rhode Island State Hospital, we used ex-patients as attendants when they seemed to be interested and seemed to have proper personalities. We felt it was much better to hire an ex-alcoholic or psychoneurotic whose past history we knew, than to hire a person with similar difficulties whom we didn't know.

"Sixth, a better type of attendant could be attracted to these hospitals nearer to educational centers by offering part-time and summer jobs to students \* \* \*.

"Seventh, after the war, conscientious objectors or pacifists could continue the services which they are now giving, perhaps as work projects of the peace churches, or when the younger people are attending school and need money and experience. [Editor's Note: Assigned to 'work of national importance' by Selective Service, approximately 2,000 conscientious objectors to war are now serving 60 mental institutions in 20 States. Most of them are attendants.]

"It is unfortunate that the only time a State hospital superintendent can get good attendants is during an economic depression. Anything which [you] can do to help this situation will certainly be a useful contribution to the care of our psychiatric patients \* \* \*."

Alden B. Mills, managing editor of the *Modern Hospital*:

"I think that the proposal made \* \* \* is an excellent one. It would be highly advantageous if you would promote better training for attendants in psychiatric hospitals.

"How can this be done? The only way is through the existence of a group of people who will constantly act as a public-pressure group on State officials and legislators to elevate the standards of mental hospitals. The leadership toward such a program should come from the special people in the field—the American Psychiatric Association particularly \* \* \*.

"In our own small way we are attempting to do what we can to arouse the public and professional interest in the improvement of hospital treatment of psychiatric patients. I am enclosing an announcement of an essay contest which we are sponsoring to this end. I hope you can give attention to this competition and invite all of your readers to participate. [Editor's Note: An announcement of this contest will appear in the June issue.]

"In addition to this, we are publishing a special portfolio on hospital treatment of psychiatric patients in our May issue. There will be an editorial in this issue also that will be of interest to you \* \* \*."

"An Observer," who writes from an address in Missouri:

"\* \* \* The editorial on the first page of the February number throws much light on the possibilities of training and developing the attendants to a standard of efficiency which will add much to the comfort and happiness of the patients and perhaps bring some cases back to normal \* \* \*.

"Your determination to elevate to a high level the job of an attendant may add a new chapter to the already fast developing and constructive program of study for those who are mentally sick."

**An attendant working in a Veterans' Administration facility:**

"\* \* \* The attendant is promoted to positions of clothing-room clerk, truck driver, gardener, etc. For the most part and in most institutions it appears that the direction of promotion is away from the attendant \* \* \*. It becomes evident that status must be given to our attendants if mental institutions are to attract skilled and educated persons \* \* \*"

"I would propose that schools for psychiatric aides be established which will educate the individual to go beyond the mere custodial care which is now the accepted practice \* \* \*. Such a school could determine the suitability of the individual for work in a mental institution \* \* \*. It would prepare individuals for responsible positions, give them a professional status, and meet the demand for adequate remuneration. It would not exclude the individual whose capacity limits him to custodial care, but would institute a new concept of the place and function of the attendant in the rehabilitation process. Schools of this nature could be operated on a pay-as-you-go basis, similar to our nursing schools \* \* \*."

"It isn't enough to build a fine superstructure of administration when the foundation is faulty\* \* \*. The attendant group cannot lag behind administration if we are to achieve an enlightened and progressive functioning of our mental institutions. We cannot afford to permit the attendant to remain at the lowest employment level \* \* \*."

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Seward Hiltner, executive secretary of the Commission on Religion and Health of the Federal Council of the Churches of Christ in America:

"\* \* \* I have read with real interest the editorial in the February issue of the Attendant. \* \* \*. It seems to me your editorial points out the problem in its proper light. Somehow we shall have to work along both sides of the problem, making the job itself more attractive in terms of salary, working conditions, etc., and working at the motivation of the proper people to undertake the job under something less than perfect conditions \* \* \*."

"The Federal prison system, in seeking to improve the quality of its ordinary guard personnel, found it very effective not only to raise salaries and improve civil-service status but also to change the name of this position from guard to officer. Even though the latter is a more ambiguous term, in itself it has made some contribution toward improved service. Another thing they have done is to recognize the fact that there are specialties of a kind involved and have made administrative effort to utilize men in specialties when they had a particular aptitude for them such as working in one of the shops instead of in a cell block, etc. Still another thing they have done is to open as many of the higher administrative positions as possible to those who come up through the ranks. I am not sure but that all of those things might have some relevance to the situation in mental hospitals."

"Another interesting analogical situation when understood would be that of the nursing profession. Apparently, they have retained the term 'nurse' and, of course, have put an entirely different content in it from what it once possessed. I am not sure that I am right, but I have a hunch that further exploration along lines like this might yield some fruitful suggestions \* \* \*."

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Edith M. Stern, author of the Attendant's Guide, and Mental Illness: A Guide for the Family:

"\* \* \* I am in complete accord with your editorial. As I see it, the first thing that must be done to raise attendant standards is to raise salaries to the point where the job will attract superior people who could make a good living at other work \* \* \*. The next step is to give training that will professionalize the work."

"Higher pay plus training, it seems to me, will win 90 percent of the battle. There will remain only the setting of personal and educational qualifications as prerequisite for taking the training. Ideally, this should be the first step, but things being as they are, it seems to me, it must follow first of all higher pay and, second, the training that will draw a group from whom you can select."



A subscriber who writes from an address in a Midwestern State:

"That is just what I would like to know: How come?—everything about the mental hospitals.

"After several years of visiting my sister at the —— State Hospital, I am convinced that the untrained attendant is the biggest obstacle in her path back to mental and physical health. She knows that her intelligence is far above that of the attendant in charge of her, and that to respect this person is a huge joke.

"I think the attendant is not wholly at fault. It seems to me that most of them do the best they know, but it seems to be the policy of that hospital to do nothing. The wards are very quiet—so quiet that one has the impression of living dead people \* \* \*.

"I do think that trained attendants would be a start toward intelligent care of the mentally ill \* \* \*. I think you are doing a splendid job. I do not feel so desperate now that I know about the work you are doing."

Anton T. Boisen, chaplain, Elgin State Hospital, Elgin, Ill.:

"The question which you raise is a significant one. There is, indeed, no one upon whom the mental patient's welfare is more dependent than the nurse or attendant who is with him all day long \* \* \*.

"The answer you are seeking is not easy to find. There is, of course, a crying need of more adequate salaries and of better living and working conditions and of protection from political exploitation. But the conditions which will make these possible can come only through a long process of public education. Your interest will be rather in what can be done now \* \* \*.

"It must, in the first place, be recognized that the attendant is essentially a nurse's helper or a 'practical nurse' who, because of the shortage of nurses and the inadequacy of hospital budgets, is serving as a psychiatric nurse. This means that the attendant's job is not to be thought of as constituting a separate profession, but rather as a branch of the nursing profession. What is needed, therefore, is the raising of the general level of nursing care in our mental hospitals \* \* \*.

"Psychiatric nursing should be recognized as something distinct from general nursing \* \* \*. Psychiatric nursing should then be made sufficiently challenging to attract ambitious young people of both sexes. Service on the wards would then become an essential part of the training program, and the general level of psychiatric care should be considerably raised \* \* \*.

"It would still be necessary to employ a large number of untrained persons for service on the wards \* \* \*. These workers should be drawn, so far as is possible, from those who come with the motive of service and with the desire to understand the experiences with which they are confronted in a mental hospital.

"Such persons might be found, first of all, among former patients. I am well aware that most mental hospitals frown on this. Many of them will not knowingly employ a man who has been a patient. Probably they have had bitter experience with former patients who have been chosen injudiciously. It may be that the injudicious choice may have been forced on them by political pressure. Nonetheless, I am convinced that from among recovered patients it should be possible to build up a corps of workers who would be motivated by an interest and by a type of understanding otherwise not obtainable. Discriminating selection would, however, be imperative.

"Another important source is to be found in the relatives of our patients. Here again discrimination is imperative \* \* \*. But among these relatives are many who have a true understanding of the problems involved and a genuine desire to be a help.

"Another source is to be found in those professions, other than medicine and nursing and social work, which are concerned with understanding and helping human beings in difficulty. I am thinking particularly of the ministry of religion \* \* \*. For the past 20 years [I have] been bringing theological students to the hospital, insisting that they serve on the wards, not merely because of the service they can render, but also because of the normal contacts which it provides with the patients. These students have found the experience much worth while. Such a plan might also be of value to teachers.

"All these suggestions presuppose a program of instruction which would set forth in clear relief the challenging features of the experiences which are included under the label of mental illness \* \* \*."

N. S. Kupelian, M. W., superintendent of Pownal State School, Pownal, Maine:  
 "\*\* \* \* \* For some time we have been endeavoring to impress upon the State officials and the legislatures that institutional employment, and especially the position of attendants, should be made attractive enough to draw capable men and women. In other words, living conditions and wages should be such that institutional positions would be considered as a career.

"We believe that the attendant has a great responsibility toward the patients of State institutions, as they are in daily personal contact with them. I feel that the patients in these institutions are the losers until such time when we can secure attendants who are capable, kind, and understanding."

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An attendant who works with mentally deficient patients:

"\* \* \* I would advocate the following standards for attendants \* \* \*:

"(1) Good health; mentally and physically strong and active, as determined by physical and mental examinations and past work record.

"(2) Normal intelligence or above, as determined by an intelligence test.

"(3) Not less than sixth-grade achievement in reading, writing, and arithmetic, as determined by some test such as the Jastak B Jou wide range achievement test.

"(4) Successful completion of a training and orientation course.

"(5) A fairly pleasing appearance and manner; proper attitude toward, and interest in, the patients; ability to control patients without the use of force; freedom from alcohol addiction or bad sexual habits; ability to work amicably with other employees; and general compatibility with the ideals of the institution. (Some of this would be disclosed only after a trial period.)

"(6) Good community reputation; no convictions for law breaking with the exception of not more than three traffic violations of a minor nature within the past 5 years.

"(7) Minimum age of 16 (or other minimum age legal in State if not less than 16 years) and maximum age of 50 years."

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Ralf Hanks, M. D., superintendent of State Hospital No. 3, Nevada, Mo.:

"I enjoyed very much the editorial entitled 'Maybe We Can Find the Answers.' I think that it is a timely subject.

"While the class of attendants we are now obtaining in many cases is lower than we would like to accept, I think that we should all be making some plans for giving some training to our attendants when we are able to obtain a type of attendant who is capable of receiving the training.

"The State of Missouri has recently adopted a new constitution which makes it mandatory for the legislature to place the mental hospitals under the merit system \* \* \*. We can look forward to a better era."

Mr. HALEY. Mr. Chairman, there has been mention of the electric shock treatment before this committee. And I got the impression that it was probably rather cruel or inhumane or what-not.

Now, at Northport I was particularly interested to get some definite information about that treatment, and I witnessed three patients being administered the electric-shock treatment. One was a colored fellow and the other two white. They were all of the World War II veterans.

Being an electrician and holding an electric engineer's diploma from the New York Electrical School, I had no difficulty in grasping the mechanical part of that administration. But I knew absolutely nothing about the administration itself, mode and method in which it was being administered, the reason why, or the results, and I had a lengthy talk with one of the two doctors who administered these treatments in Northport Hospital.

Those treatments are given to 80 patients each day. Each patient receives 3 treatments a week, and a series of 20 treatments are given, after which the man is put on observation for 20 days.

He is closely observed during that 20-day period and if it is found after the expiration of that period that in the opinion of the doctor he has recovered, he is then retained in the hospital for another 3 or 4 months, after which time if no recurrence is indicated or shown, he is then discharged from the hospital as cured.

Now, in asking the doctor just how that affected them—and I may tell you something about the mechanical feature of it—the man is laid on an operating table, regulation table, and the electrical machine compares in size with the medium-size radio. It has various dials indicating resistance, time of exposure, and all that. The man is placed on the table. They have three bags filled with soft sand. Those bags are about 15 inches long, three of them, and I will say about 7 inches thick when filled.

Two of those bags are placed on each side under the man's shoulder, coming up even with the lower part of his shoulder blade; the third bag is placed crossways across his shoulder blades.

That is done, it is explained by the doctor, to protect his spine when he goes into that spasm in being given the treatment.

In addition they place a padded rubber mouth piece in his mouth, so that he cannot bit his tongue.

The two feet are tied together by sheeting and held by one man, there being three attendants and a nurse with the doctor when this treatment is administered; two attendants, one on each side to stand there and gently stroke his hand [indicating] and when the treatment is administered they then come down solidly, because those arms must be held down rigid so that he cannot bring them up or do anything at all.

Now, the length of those treatments was 0.2 of a second. They have an electrode disk attached to a wooden handle through which—

The CHAIRMAN. You contend that those treatments are detrimental?

MR. HALEY. No, sir. I was talking to these patients before they had the treatment administered, and I asked them if they knew what was going to happen. They said no. "Well," I said, "are you in any way afraid of what is going to happen?" They said no.

They had absolutely no fear of getting that treatment, and there is absolutely no pain attached to it. Not only was I assured that by the doctor but the patients, myself, that I talked to, patients that had received the treatment earlier and were awake. They said that they never had any pain.

Now, that electrode is attached to a man's temple just for 0.2 of a second, and he immediately goes to sleep. He stretches out, one convulsion, and he goes to sleep. It acts as an anesthetic, only it is instantaneous.

Now, that man is placed there with a strip of sheet, his arms being free so he will not roll off the bed. He will sleep from 20 minutes to 2 hours under that treatment.

There is no effect from it; they do not come out of it sick or nauseated like many patients come out of ether or gas.

I have had experience myself in that. But there is absolutely no ill effect in that whatsoever.

I also asked the doctor just why and what effect this had on the patient and why it proved beneficial. He stated that a patient in



that condition is not capable nor can he think of the present or consider the present or his present surroundings, nor the future. He merely thinks of the past, something in the past which brought about that condition, and these treatments, the doctor informs me, break up that cycle of thought, it just cuts through it, and by continuing those treatments that cycle is dissolved or dispersed.

And I think the proof of the pudding, as the saying is, is the eating of it, and the fact that many of those patients are being discharged from these two hospitals you might say daily, as cured, would indicate that it is a cure.

At Lyons I did not witness anyone being administered the treatment, but I had a lengthy talk with the doctor there, a major. His name is also included in the report, and they told me the story, explained the same situation as had been explained at Northport.

While in his office two ladies came in, not together, but separately. One was the mother of a World War II veteran. She came in and thanked the doctor for the wonderful treatment that her son had received. She was so surprised over the improvement she could hardly believe it herself.

Another woman came in, who was the wife, also of a World War II veteran, with the same expression to the doctor.

Now, they came in there definitely unsolicited, and the fact is that those treatments do not hurt the man; he feels no pain; he has no fear of them, and it gives results.

I believe that should definitely convince anybody that it is the kind of a treatment—it is, comparatively speaking, a new treatment, but I certainly, from what I saw, am convinced it is effective.

Mr. Chairman, I apologize for taking up so much of your time, but I also appreciate the courtesy extended to me of being permitted to appear before your committee.

The CHAIRMAN. We are glad to have you.

I would like to have an executive session for a few minutes.

(Whereupon, at 4:20 p. m., the committee proceeded in executive session.)

# INVESTIGATION OF THE VETERANS' ADMINISTRATION WITH A PARTICULAR VIEW TO DETERMINING THE EFFICIENCY OF THE ADMINISTRATION AND OPERA- TION OF VETERANS' ADMINISTRATION FACILITIES

WEDNESDAY, JUNE 13, 1945

HOUSE OF REPRESENTATIVES,  
COMMITTEE ON WORLD WAR VETERANS' LEGISLATION,  
*Washington, D. C.*

The committee met at 10 a. m., Hon. John E. Rankin (chairman) presiding.

The CHAIRMAN. The committee will come to order. Members, I am going to ask Mr. Allen to preside, and Mr. Kraabel, I believe, of the American Legion, wants to go into this proposition of the various hospitals reported on by that organization.

Mr. Kraabel, are you ready to proceed?

Mr. KRAABEL. Yes, sir.

The CHAIRMAN. All right. I will ask Mr. Allen to preside. I have to be absent for a short time.

(Mr. Allen assumes the chair.)

## FURTHER STATEMENT OF T. O. KRAABEL

Mr. McQUEEN. If it is agreeable with the committee, I presume Mr. Kraabel could just start in with Alabama. I do not know any way we could expedite the thing any more than just start right in with the hospitals in Alabama and go right through alphabetically.

Mr. ALLEN. That probably would be a good idea. Does anybody have any objection to that?

Does anybody have any objection to proceeding alphabetically?

Mr. SCRIVNER. That is perfectly fine.

Mr. McQUEEN. We can take Alabama and Arizona and we can go right through.

Mr. ALLEN. Mr. Stenographer, I would like for the record to show that we have some nine persons, I believe, from Walter Reed Hospital with us this morning, and we are delighted to have them. We want to be of service to them. I think it is a very nice thing for them to come and see how this committee functions, because this is the committee that has more to do than any other committee with what they are to do in the future and their future life.

Mrs. ROGERS. Mr. Chairman, they have come in from Forest Glen.

Mr. ALLEN. From Forest Glen branch of Walter Reed Hospital.

Mrs. ROGERS. Forest Glen section of Walter Reed Hospital.

Mr. ALLEN. Forest Glen section.

Mrs. ROGERS. They are out of the hospital rooms now.

Mr. ALLEN. All right. Go ahead.

Mr. KRAABEL. Mr. Chairman, I would like to present to the committee Dr. Albert N. Baggs, medical consultant of the national rehabilitation committee of the American Legion.

At present I am acting as spokesman for the national commander in giving to you the findings of the respective department commanders on these facilities. These are their reports in response to these national commanders' requests, and in the case of the department commanders—

Mr. SCRIVNER. So there will be none of those on which you have personal knowledge, and if we desire to make further inquiry, we will have to go to the department commanders or somebody of that description?

Mr. KRAABEL. Except this, Mr. Scrivner, we do have records on each hospital in our rehabilitation division, and I shall be glad to forward information as best I can from those sources.

Mr. McQUEEN. I suggest, Mr. Kraabel, you take up and give your résumé of the hospitals by States, starting with Alabama.

Mr. KRAABEL. May I ask, Mr. Chairman, and counsel, the résumé of the 27 questions?

Mr. McQUEEN. No; the résumé. We would never get through on the 27 questions.

Mr. ALLEN. I would not think it was necessary.

Mr. McQUEEN. Each member has those questions and will know what you are talking about, or at least, that was my thought when I laid the questions before them.

Mr. KRAABEL. Montgomery, Ala.: General, medical, surgical hospital; 329 beds. [Reading:]

Many complaints on delay in starting treatment after entry into receiving wards apparently justified.

Few patients complain of treatment received from a lieutenant on ward B-1.

They do not name the lieutenant.

Complaints as to adequacy of food also as to quantity of food—hospital authorities state additional food may be had upon request but patients say when the table supply (usually inadequate) is exhausted, no more is available.

Alleged abuse from ward surgeons in a few instances abusive and derogatory remarks addressed to patients is alleged.

The canteen in this hospital is nothing less than disgraceful.

Patients are too crowded—overcapacity beds and wards, disarranged lighting, radio headphones, bedside cabinets, etc.

This hospital requires immediately 500 additional beds, additional physicians needed on account of out-patient load. Suggest all professional employees qualify for license in State where hospital is located.

That immediate steps be taken to relieve the situation as regards the demands upon the regular hospital staff in out-patient and examination for rating purposes, thus allowing the speeding-up of examination and beginning of treatment of patients coming in to the hospital. That hospital staffs be informed that they are employed and assigned to give service to patients, and their present attitude of thinking the patients are there for the staff's convenience be corrected. That adequate recreational facilities be added where needed. That occupational therapy be not considered a place where the hospital's furniture can be repaired without cost.

That canteen service be improved, and that the concessionaires be given priority sufficient to enable them to secure items of the scarcer kinds to the same extent as is available to Army post exchanges.

That immediate new construction be started to insure an adequacy of patients' beds before they have to start putting beds in the toilet rooms.

That hospital managers be allowed some choice in the selection of the doctors. That a sufficiency of food always be allowed.



That frequent investigations on the part of veterans' organizations be encouraged.

Mr. PICKETT. May I interrupt the witness? I do not believe I caught the import of that "before beds commence to be put in the private rooms."

Mr. KRAABEL. We will go to the original on that, Mr. Congressman.

Mr. PICKETT. The point I have is this, are they doing that at this time, or are they fearful it may be done if these facilities are not provided?

Mr. KRAABEL. That is right. It is for facilities before it gets to that point.

Mr. VURSELL. Mr. Chairman, I would like to know who the witness is who is testifying.

Mr. ALLEN. This is Mr. Kraabel, representing the American Legion, and he is discussing the hospitals alphabetically by States, and he is not testifying from his own personal knowledge, he is merely giving a résumé of the reports that have been covered by the American Legion.

Mr. VURSELL. He made some reference there, I did not catch it as to "repairing furniture" in a certain place, and something else.

I would like to have that read again.

Mr. KRAABEL. The original report, Congressman Vursell, is the hospital staffs be informed that they are employed and assigned to give service to patients.

Mr. VURSELL. Will you read that again?

Mr. KRAABEL. "That hospital staffs be informed that they are employed and assigned to give service to patients."

Mr. VURSELL. Are you implying that they are not so informed? Do you have definite knowledge that the staffs are not so informed?

Mr. KRAABEL. This is the department commander of Alabama speaking, and I am acting as spokesman for the national commander in giving it to you.

This is your record which goes to your files.

Mr. VURSELL. I do not think it is a fair implication; I do not care where it comes from.

Mr. DOMENGEAUX. Mr. Chairman, will the gentleman yield? As I understand it, you are merely reading the reports that have been submitted.

Mr. KRAABEL. That is right.

Mr. DOMENGEAUX. Well, with due respect, I do not know whether that would be of any value to the committee except to take up quite a bit of its time. These reports are going to be submitted for the record and can be read.

Mr. SCRIVNER. You will never read them in the record.

Mr. KRAABEL. What?

Mr. SCRIVNER. You will never read them in the record.

Mr. DOMENGEAUX. But we cannot question this man because he has no personal knowledge of anything he is reading.

Mr. SCRIVNER. He does not claim to have personal knowledge.

Mr. DOMENGEAUX. I understand.

Mr. SCRIVNER. He is merely giving the results of the investigations made in the various States by the American Legion in those States as requested by General Hines some months ago.

Mr. DOMENGEAUX. I appreciate that.

Mr. SCRIVNER. And yet it does have a value because in those places where they do find things wrong, we can go to the source of information and correct it.

Mr. DOMENGEAUX. You are perfectly correct except that the same purpose would be served if it became part of the record.

Mr. SCRIVNER. If we would ever read it.

Mr. DOMENGEAUX. Well, I think we should.

Mr. SCRIVNER. I know we should. But by the time we can get those things in there it is going to be cold. I do not know when the record is going to be printed, and if we can get the information now, we will know what we are facing.

Mr. DOMENGEAUX. Well, how long do you estimate that will take? Four or five days, will it not?

Mr. KRAABEL. Mr. Congressman. I am here at the request of the committee and whatever means they want to follow, I will be glad to follow.

Mr. DOMENGEAUX. I have no objection except for the purpose of saving time.

Mr. PICKETT. It depends on how many references he has.

Mr. ALLEN. It occurs to me we ought to have this, but we should have it as brief as possible.

Mr. SCRIVNER. That is why he is giving the summary. The thing that is holding us back now is the fact that we are requesting the specific information, on which the thing is based, as shown by the State commanders' reports.

Mr. DOMENGEAUX. But this gentleman is not competent to testify.

Mr. SCRIVNER. That is right; and you will have to go down to the horse's mouth to get the truth.

Mr. ALLEN. Proceed.

Mr. VURSELL. On the matter of furniture?

Mr. KRAABEL. The matter of furniture?

Mr. VURSELL. Yes. I did not quite get that.

Mr. KRAABEL (reading):

That adequate recreational facilities be added where needed. That occupational therapy be not considered a place where the hospital's furniture can be repaired without cost.

Mr. VURSELL. Do you mean—do you know whether or not they are using such departments for the repair of furniture?

Mr. KRAABEL. In some of the hospitals I visited before the survey, Mr. Vursell, they have workshops, and much of their furniture is repaired in there and they may help.

It is not a matter of commercializing on the man, it is to help in his recovery.

Mr. VURSELL. That makes it look a lot different than the statement as read.

Mr. KRAABEL. Tuscaloosa: Neuropsychiatric, 791 beds.

They have complaints that insufficient examination has resulted in general medical patients being placed in locked wards as NP patients.

Tuskegee is the colored hospital, for neuropsychiatric, 1,934 patients. [Reading:]

No general or specific complaints on medical treatment and hospital care.

May Dr. Baggs read these for me?

STATEMENT OF DR. ALBERT N. BAGGS, MEDICAL CONSULTANT,  
NATIONAL REHABILITATION COMMITTEE, THE AMERICAN  
LEGION

Dr. BAGGS, Tucson, Ariz.: Tuberculosis Hospital, 428 patients.  
[Reading:]

There are no general or specific complaints, nothing beyond complaints of a minor character which should be disregarded.

The rule of the transfer of domiciliary patients from one hospital to another should be relaxed.

Service to the veteran might be improved by enabling veterans' hospitals to avail themselves of outside expert physicians and surgeons for consultation purposes.

I interpolate there and say that is applicable to almost every hospital. I mean that should be carried out, that idea.

The canteen service is satisfactory, needs more space.

In the seven-bed wards the patients who are afflicted with tuberculosis simply cannot get the required rest.

In the judgment of this committee, nothing short of 150 additional beds will take care of the new and increasing load. There should be proper provisions for general medical and surgical cases and for women patients.

The committee believes it is advisable for the staff to give individual patients information as to their condition and advise as to their future treatment.

All physicians in the Veterans' Administration, I understand, have been given that instruction.

This facility at Tucson is packed to capacity. There must be additional beds not only for tuberculosis patients but for general medical and surgical patients and for women patients. There should be provisions for cases in tropical diseases. Too much of the time of ward doctors and surgeons is consumed by the detail of serving on rating boards, resulting in curtailment of the service, such doctors may be able to render to individual patients.

That is apparently a complaint of the facility where they have a rating board and regional office at the same time.

It is recommended that separate boards be created for rating purposes so that the doctors may be able to give more individual attention to the patients for whom they are administering.

Whipple, Ariz.: Tuberculous, 527 beds.

Regarding general or specific complaints, none of consequence. Food is generally good; quantity and variety is usually satisfactory. However, some veterans complain on food not being served hot enough to bed patients.

Recommendations regarding type and number of additional beds: Two or more pavillion type, two-story, 72- to 96-bed capacity. Buildings to be used in the treatment of ambulant tuberculars.

The Whipple Hospital is capably and efficiently operated considering the moneys spent in its operation; however, we feel that better results might be obtained if less restrictions were placed on the operating budget.

Mr. McQUEEN. Mr. Chairman, I am wondering if the general comments on each of these hospitals after designating the hospital would not cover the situation. That is what this committee wants at this time rather than the other comments that are made.

Mr. ALLEN. Well, I do not know just what you are talking about. You mean to say we have comment on this report?

Mr. McQUEEN. Comment on the report was really made prior to the time that he made the general comments, and this hospital was apparently, from your examination, satisfactory in every way, and



they made some recommendation, or they suggested that it was probably restricted as to the amount of money they had to expend on it.

That was the only criticism on it. I am just wondering if the general comment on each of these hospitals and then questioning will give you what you want.

Dr. BAGGS. In other words, the first page is considerably in detail and the second page is more comprehensive, perhaps taking in all of the first page?

Mr. ALLEN. In other words, you are talking about curtailing this thing and giving us just the first few words of comment?

Dr. BAGGS. The recommendation.

Mr. McQUEEN. No; the comments. The recommendations and comments.

Mr. ALLEN. What is the comment on that?

Mr. SCRIVNER. Well, let us try it and see how it works.

Mr. HUBER. Mr. Chairman, I was wondering if, in going through, if we could call on the members who have gone through certain of these hospitals, such as Kansas and Colorado? It might help some.

Mr. ALLEN. That will be good, too, but the committee decided a few minutes ago they would go through alphabetically. It does not matter to me.

Mr. SCRIVNER. This is the most orderly procedure. We will never know where we are if we do not.

Mr. ALLEN. We want to expedite this, because if we give as much as 10 or 15 minutes to each facility, the report, you can see how it would run.

Mr. SCRIVNER. It has not been taking 10 or 15 minutes.

Mr. PICKETT. It would not take so long if we did not interrupt. Let us go.

Dr. BAGGS. Well, the facility at Fayetteville, Ark., no general or specific complaints.

Our general and specific recommendations are—

Better pay for attendants; more authority for managers; less red tape in obtaining desired medical supplies.

Mr. KEARNEY. That would apply to all of them; would it not?

Dr. BAGGS. Yes.

Mr. ALLEN. All right. Proceed, Doctor.

Dr. BAGGS. This is a very short summary, and there is more detail in that if you want to come to it.

Now, North Little Rock, NP—this is still Arkansas: 1,625 bed capacity.

And we have a page here of our general and specific complaints here. We will disregard that, according to the committee, and our general and specific recommendations are as follows:

Better pay for attendants, which would provide opportunities for higher type of workers.

Contemplated plan of having Army detail of Negro attendants to serve white patients will prove highly unsatisfactory and should be resisted by American Legion.

More authority should be given managers and less remote control by central office.

Mr. KRAABEL. Mr. Chairman, the matter of colored attendants down there has been taken care of; we are not being—they are not sent down there now.

Mr. ALLEN. In other words, this complaint has been cleared up?

Mr. KRAABEL. Yes.

Dr. BAGGS (reading):

That dietitian was "hard boiled" toward attendants.  
Librarian had tried to prevent Sunday chapel service.

Mr. KEARNEY. Are they there now?

Dr. BAGGS. I do not know.

Mr. KRAABEL. What is that?

Dr. BAGGS. He wanted to know if the librarian and dietitian were still there.

Mr. ALLEN. Well, I would like to know if that librarian is still there.

Dr. BAGGS. I had not read this before I came here, and I had the same reaction that you gentlemen have.

Mr. KEARNEY. Is the dietitian there, too?

Mr. ALLEN. Yes?

Mr. SCRIVNER. They are probably transferred to some place else.

Mr. KEARNEY. Then they will have the same trouble at some other hospital?

Dr. BAGGS (reading):

Investigation indicated that dietitian had succeeded a chief who had little discipline over attendants and had corrected the situation by requiring efficient service.

In other words, it appeared that the attendants complained about the dietitian who was a little too hard-boiled, and she was apparently trying to rectify a condition that existed prior to her assuming that duty.

Librarian Millar was found to have exceeded her authority in criticizing Reverend Adams, chaplain.

She was severely reprimanded and apology was made to chaplain by manager.

Several months ago, recreation aide Allen tried to limit auxiliary cigarette distribution to her parties, but manager diverted supply for income uncompensated War II patients, and situation is now satisfactory.

Remedial action has been taken by the Veterans' Administration on these cases or others which may have been previously reported.

The management feels they do not have sufficient authority.

Mr. ALLEN. Now, about this librarian; does it show that this librarian is still there?

Dr. BAGGS (reading):

Librarian Millar was found to have exceeded her authority in criticizing Reverend Adams, chaplain. She was severely reprimanded and apology was made to chaplain by manager.

I would assume she is still there. I do not know.

Mr. ALLEN. It does not show she apologized. It shows the manager apologized. It appears he apologized and she did not.

Dr. BAGGS. Yes.

Mr. ALLEN. I do not know what the situation is, but it should be looked into further.

Dr. BAGGS. You may have more details in these 27 questions.

Mr. KRAABEL. That is the report as we get it.

Mr. ALLEN. All right. Proceed, Doctor.

Dr. BAGGS. California, Fort Miley, 340-bed hospital. [Reading:]

I have no complaint to make about this general medical and surgical hospital which has been in operation since the fall of 1934 and feel that if National

Field Secretary James P. Mulcare's recommendations are given proper consideration by the Veterans' Administration in Washington from time to time, it would solve the few problems that exist at this station.

That refers to reports that we receive from Mr. Mulcare forwarded probably and submitted to the Veterans' Administration.

Col. James P. Donnelly, manager, is always most anxious to carry out his duties faithfully and well.

The only solution to the need for general medical and surgical beds in northern California is the erection of a new 1,000-bed hospital somewhere in northern California.

Is that all you want? Does that take care of it?

Mr. KRAABEL. Yes.

Mr. ENGLE. Which hospital is that?

Dr. BAGGS. Fort Miley. M-i-l-e-y, San Francisco, Mr. Congressman.

Mr. ALLEN. Let us go along.

Mrs. ROGERS. It is a beautiful sight to a lot of folks.

Dr. BAGGS. This is Livermore, Calif., TB, 408.

It is a very extensive report and starts out as follows [reading]:

The patients in this hospital have nothing but complaints regarding the medical care that they receive, and I have been visiting this place regularly for almost 11 years.

In the past year the complaints have been so numerous it now almost becomes unanimous.

The chief complaint is the fact that all the ward directors do not like the manager and the clinical director, as they do not cooperate with the ward doctors, and use high-handed tactics in dealing with the doctors, and personally it reflects upon the care the patients receive.

I talked to several of the doctors in person and while they are afraid to make a specific complaint to a civilian because most of them are in Army uniform, it is felt that a complete investigation by proper authorities should be made at once.

The situation is so desperate that I think the manager and clinical director should be relieved of their command immediately.

That to my knowledge no action has been taken by the Veterans' Administration to take remedial action on complaints that have been sent in in the past.

I do not think that the managers of the hospitals have sufficient authority to buy in the open market such things as equipment and drugs.

That is universal.

They should be given the same authority to operate their hospitals as the managers of public health, Army, and Navy hospitals have.

It is discouraging to most managers to ask central office for anything because of the months of delay, and sometimes years, that elapse before action is taken.

The staff doctors are in violent disagreement with the manager and clinical director of their petty attitude in approving gasoline ration cards for the doctors to attend medical meetings. However, of late the manager did authorize some of them to attend the county medical association meeting, but the doctors attending do so at their own expense and on their own time.

I would like to have that cleared up as to whether they go on their own time. I do not think that is counted against their annual leave. You will have to ask some of the veterans' organizations.

Mr. PICKETT. Doctor, the implication is there is some kind of dispute between the manager and the staff, and the veteran suffers on account of it.

Dr. BAGGS. He is betwixt and between.

Mr. ALLEN. I would like to know whether the manager is a medical man.



Mr. KRAABEL. He is a medical man.

Dr. BAGGS. He is.

Mr. ALLEN. I think we—I think that should have immediate attention. I would like to have the gentleman from California go into the thing immediately.

Mr. KRAABEL. May I say, Mr. Chairman, I feel the same way, and that information has been made available to the Administration.

Mr. ALLEN. What did they do about it?

Mr. KRAABEL. They are taking action.

Mr. ENGLE. They have a representative out there now.

Mr. KRAABEL. That is what I have been informed.

Mr. MATHES. Mr. Chairman, I just asked Dr. Wolford about it. A man is there now trying to find out what the trouble is. Dr. Wolford says this report from the American—from the Legion man—is the first that the Veterans' Administration's central office knew that there was any discord there, and that the earlier next preceding medical report did not show that. He does not remember the next preceding survey—the date of it.

They have doctors go around from time to time to inspect the hospitals.

Mr. CUNNINGHAM. I understood the witness to say that they had made reports, made demands of the Veterans' Administration.

Mr. KRAABEL. No, Congressman Cunningham, this is acute. This is the first time we have had such an acute situation.

Mr. MATHES. So, when this man gets through out there, we will have more to report.

Mr. ALLEN. Well, I would like to have the committee have the report on that by wire; if it is as bad as we think it is, we should have it right away.

Mr. MATHES. When we recess for lunch I will find out if that information is available yet.

Mr. ALLEN. Yes. I wish you would contact that man and let the committee know something about that situation.

Mr. MATHES. Of course, if he has only been there 2 or 3 days he would not know anything yet.

But we will find out.

Dr. BAGGS. Now, the general comments on Livermore. [Reading:]

Could not find any specific case of abuse or neglect.

Canteen service at this station appears to be satisfactory and the prices are reasonable.

The medical equipment appears to be adequate especially in the surgical department.

The patients in the receiving ward told me the doctors there were swell.

Cleanliness and neatness inside the building appear to be about the same as other veterans' hospitals.

The difficulty seems to be a family affair between staff and the manager.

Mr. ENGLE. You have covered your entire report with that, Doctor, have you?

Dr. BAGGS. I have not gone into detail.

Mr. ENGLE. This is the only hospital in California, so far as I have been able to determine. I wonder if you would not give the committee the benefit of all of that.

Dr. BAGGS. Very good. [Reading:]

I do not think that the managers of the hospital have sufficient authority to buy in the open market such things as equipment and drugs that are needed from time to time. They should be given the same authority to operate their hospitals as the managers of public health, Army, and Navy hospitals have. It is discouraging to most managers to ask central office for anything because of the months of delay, and sometimes years, that elapse before action is taken.

The staff doctors are in violent disagreement with the manager and clinical director of their petty attitude in approving gasoline ration cards for the doctors to attend medical meetings. However, of late the manager did authorize some of them to attend the county medical association meeting, but the doctors attending do so at their own expense and on their own time. I think that medical personnel should be allowed to attend clinics when it would not interfere with their duties without having the time charged to their annual leave.

Every patient I talked to complained about the food not being suitable for sick patients. There is no salad on the noon-day meal, and one of the boys that works in the kitchen told me that very few patients eat the night meal at all and that most of it goes in the garbage. Also, many of the patients complain about the dirty dishes.

These are all patients' complaints.

I talked to one of the doctors on duty, and I am sure if he were a civilian and not in Army uniform that he would walk off of the job in 5 minutes because he states there is no cooperation between the manager, clinical director, and himself. He appeared honest and frank but stated, "I am in uniform and I can't talk much."

The morale of the patients in this hospital is the lowest of any place I have ever seen in my 25 years as a Legion service officer and I am not surprised at the number of A. M. A. patients.

I believe that if a reward was offered for anyone who would say a good word about the manager or clinical director there would be no takers, notwithstanding the fact that Colonel Murphy, the manager, has always been exceptionally nice to me.

Mr. ALLEN. You are quoting one of the doctors in the hospital?

Dr. BAGGS. No. The only quotation from the doctor was:

I am in uniform and I cannot talk much.

Mr. ALLEN. Oh, yes. That is right.

Dr. BAGGS. These remarks are from the department service officers concerning their report with relation to the manager. [Reading:]

I believe that if a reward was offered for anyone who would say a good word about the manager or clinical director there would be no takers, notwithstanding the fact that Colonel Murphy, the manager, has always been exceptionally nice to me.

I would recommend that a new 1,000-bed hospital be erected immediately in north California to care for the tubercular patients as there are now no vacant beds in this State and even Whipple, Ariz., have stopped the Veterans' Administration from sending patients down there. When such a new hospital is built there should be one separate infirmary ward of sufficient size to care for both men and women patients who are psychotic as well as tubercular. The need for such a hospital of this type is urgent. On the other hand the Veterans' Administration have never been known to be able to forecast the needs of patients. Somebody should employ a yogi and put him in central office so that he could forecast the need for adequate hospitals through a crystal ball as all other means have failed.

I asked 11 patients in 5 different wards if they were satisfied about the information their doctors gave them and in nearly every instance they said they liked the ward doctor and when they would question him about their condition he would tell them he could not discuss it with them because the manager and clinical director prevented it. This is an unhealthy sign and if a patient is to respond to treatment his ward doctor should be the judge of the amount of information about his condition and not someone that sits in an office and has never seen the patient.

Mr. ALLEN. How long has that manager been there?

Dr. BAGGS. I beg pardon?

Mr. ALLEN. How long has that manager been there?

Dr. BAGGS. I do not know, sir. Perhaps one of the Veterans' Administration men can tell you.

Mr. MATHES. Dr. Wolford says about 2 years.

Mr. ALLEN. About 2 years.

Dr. BAGGS [reading]:

I have seen the doctors in the State prisons give patients more information about their health and physical condition than was given in veterans' hospitals. It's about time that we wake up and realize that the boys and girls in this war are intelligent and they should be furnished information about their condition that the ward doctor deems advisable if the proper relations between the patients and the doctor are to exist.

Mr. ALLEN. Now, Doctor, I want to ask right there. The Veterans' Administration does not place any restriction on a doctor in a veterans' facility discussing a case with a veteran at all?

Dr. BAGGS. That is TB. In a case of tuberculosis or any case, he is supposed to put the patient's condition in one-syllable words, so a layman can understand what his condition is, but we—he should tell him what he can do to help himself, and to repeat that information as often as is required until it sinks into the conscious mind of the veteran.

That is a proper requisite for a good ward surgeon. And, in fact, applies to any physician in any work.

Mr. ALLEN. In other words, this condition you have detailed is not general to the veterans' hospitals but is specific in this hospital?

Dr. BAGGS. Apparently so. Because the doctors, I know, have been instructed to talk to the patients. That is what they are for. And especially to TB patients.

I have gone over this matter very extensively with the American Tubercular Association and with other TB experts, and the whole idea is to instruct their patients as to the benefit of the treatment, and what their condition is.

Ninety-five percent of the treatment of a TB patient is with himself; and I know, sir, for the benefit of this committee, and also for the benefit of the Veterans' Administration, this is not a universal condition in the hospitals of the Veterans' Administration, that the ward doctors were given a great deal of attention and personal information.

Does that answer the question, sir?

Mr. ENGLE. As I understand, the report indicates that the surgeons and the doctors in the wards are well instructed and well liked. Is that not the case?

Dr. BAGGS. Yes.

Mr. ENGLE. But this ties it down to this manager, who should be fired. This is the manager proposition; is it not?

Mr. KRAABEL. And the clinical director, Mr. Congressman.

Mr. ENGLE. And the clinical director.

Dr. BAGGS. The situation could be remedied in 15 minutes by a commanding officer of that hospital, whoever is head of that hospital.

Mr. ALLEN. But not transfer him. We do not want him transferred any place else.

Dr. BAGGS. That is not our function.



Mr. ENGLE. We had the Veterans of Foreign Wars, which parallels what has been said here, and Mr. Vursell had a petition signed by 132 patients of the hospital.

I have the original and I will have my file up here in a little bit and put it in the record.

I immediately started to take—and I asked the veterans' organizations to take a look at that particular hospital to see if the things indicated in that petition were correct, and I also tried to contact some of the fellows who signed the petition, to get more details, because the petition was in general language, and, as so often happens, those patients seemed to be reluctant to come forth with any information, so I did not get anything, but the reports from the VFW and the American Legion are almost identical. It seems apparent that it is the manager of the hospital.

Dr. BAGGS. Here is the rest of it. [Reading:]

For the improvement of the medical service my recommendation would be that the ward doctor be given exclusive authority to order X-rays and medicines for the patients in his charge and that the clinical director should not be allowed to countermand such orders.

Excuse me, gentlemen, but I think that should go through the clinical director if he is a good clinical director. The ward surgeon—well, I am not here to comment on that.

Some of the doctors had large files of rejected requests for X-rays.

That is the doctors—not the patients.

After the ward doctors tell a patient that he is going to be X-rayed again and then the patient finds out he can't have X-rays it makes him despondent. My other recommendation for the improvement of the hospital care would be to serve sick patients food that is prepared in a tasty manner and properly served in clean dishes. If the raw food cost is too low then additional funds should be provided to purchase adequate food.

Mr. ALLEN. Now, the last part of that implies that there is not too much sanitation out there; that the dishes are probably not clean.

Dr. BAGGS. That is a statement made by the patients, sir.

The final observation here [reading]:

Could not find any specific case of abuse or neglect.

I will read it to you.

Canteen service at this station appears to be satisfactory and the prices are reasonable.

The medical equipment appears to be adequate, especially in the surgical department.

The patients in the receiving ward told me the doctors there were swell.

Cleanliness and neatness inside the building appear to be about the same as other veterans' hospitals.

Mr. MATHES. Mr. Chairman, we phoned over and got the information about the librarian at Little Rock; this comes over the telephone from Miss Pomerly, who is in charge of all librarians at the Veterans' Administration. She says the manager at North Little Rock has been there about 6 years and apparently is the same lady in the incident about the chapel. That there is nothing in the central office about that at all. This is the first information they have had of it. There have been no complaints as to Mrs. Millar's service—that is the name of the librarian—but many favorable reports.

She takes an interest in the patients and has formed literary groups. That is the report.

Mr. ALLEN. All right.

Mr. ENGLE. Before we leave the Livermore Hospital, I would like to insert in the record a letter of March 15, 1945, addressed to Mr. Maisel, which was turned over to me at the time of his testimony.

I immediately attempted to check the information, as I have previously stated.

Now, Mr. Jones, of the VFW, will be here with his report. I have a copy of it. It pretty nearly parallels the report we have already received.

Mr. ALLEN. Without objection, the letter from the gentleman from California will be filed.

Mr. McQUEEN. Put in the record at the close of that testimony?

Mr. ENGLE. Yes.

(The letter referred to was inserted in the record as indicated.)

Mr. ENGLE. May I say I have not received any response from the patients to whom I wrote asking them to send me detailed information.

I did ask the State commanders of the two veterans' organizations—that is, the American Legion and the VFW—to make a special check of this hospital, and they did, and their reports are very comprehensive and very much to the point, and being independent investigations they seem to indicate the trouble is in the top bracket there, and with that being cleared up it can be adjusted.

Dr. BAGGS. This is from Los Angeles; g. m. s., NP, and domiciliary; capacity, 2,516 patients. [Reading:]

The only general complaint is the long delay between the time the veteran reports for examination for hospitalization in the out-patient service of the hospital and the time he gets into bed in the receiving ward.

We are sure this time could be shortened. There is also a complaint on the part of the patients regarding the long wait that they usually have when sent to X-ray, laboratories, or to other wards for the—for some special examination.

Gentlemen, that is pretty nearly universal in all hospitals. Patients don't like to wait.

It is believed this could be eliminated with better coordination for the appointments between the medical nursing and clerical staffs. Otherwise, there is no general complaint of a major nature. Any minor complaints are mainly due to shortage of personnel.

Then there is more to that—well, the general comments are:

The standards of treatment in Veterans' Administration hospitals in this area are higher than in State, county, or municipal institutions.

Canteen service satisfactory.

Medical equipment and clinical arrangements satisfactory.

Cleanliness and neatness in the buildings and on the grounds very satisfactory considering the shortage of personnel.

The discipline and morale of the patients, satisfactory.

There are some recommendations here:

We recommend an additional 2,500 general medical and surgical beds for the Los Angeles Facility to include adequate beds for women patients. We also recommend an additional 100 NP beds for women, other than are now being built.

There are complaints on the part of the patients regarding the lack of information given them as to their physical condition and advice as to future treatment upon being discharged from the hospital. It is our opinion that the Veterans'

Administration, due to the policy emanating from central office, have never properly encouraged relationship between doctor and patient that exists in private practice, and that there is a definite lack of information given to patients regarding their physical conditions and due to the pressure of work any proper and detailed explanation as to future treatment and care is not given.

Gentlemen, I think that criticism might be due to lack of personnel and the burden they are carrying. It does not sound reasonable.

First and foremost we recommend that without further delay arrangements be made to secure or construct additional medical and surgical beds for southern California.

That as a general policy it is inadvisable to hospitalize Veterans' Administration patients in Army and Navy hospitals and that this makeshift program be discontinued as soon as possible.

Salaries for Veterans' Administration physicians are inadequate, particularly those paid for specialists.

That is correct.

Many young doctors have come into the service who have rendered excellent service and have received their ratings of specialists in surgery, cardiology, or other lines. These men, as the result, are promoted to grade 5.

However, if this grade is exceeded it means that the doctor must step into an executive position rather than to continue with the active practice of medicine. Many of the men now in the Veterans' Administration who have received grade 5 are young men in their early forties and they do not feel that they are ready to relinquish some kindred position that takes them out of the field of the active practice of medicine and surgery. It is felt that these men should be allowed further promotion commensurate with the degree of their ability and value to the Administration as doctors.

It is our opinion that attendants have always been underpaid by the Veterans' Administration, who have made no provision for real promotion, as do county and State institutions. As a result the Veterans' Administration cannot attract the better class of personnel of this type, and when the attendants they do get become properly trained for special duty such as, in handling surgical cases and other special training, they leave and obtain better-paying positions in county and State institutions.

Mr. Chairman, and members of the committee, I do not like to interpolate my personal opinion as a doctor in these cases, but that criticism concerning specialists and doctors there, I think is very much in order.

Mr. ENGLE. Doctor, while you are on that point, I have had some complaints from one doctor in particular in the facility in Los Angeles who was assigned from the military to the Veterans' Administration and he protested that point of procedure and was very unhappy and dissatisfied about it.

Have you found that to be the case pretty generally among the doctors who have been transferred out of the military and into the Veterans' Administration?

Dr. BAGGS. I have had quite a number of cases on my desk where that—where they complained bitterly of that change.

In one case in particular he had been in the Veterans' Administration and in an unsatisfactory position for which he was not qualified, and he was qualified for another position and he joined the Army and was commissioned. He is a very able young man and has a good record—professional record that I secured. He did not know I got it.

He then went into the Army, and did very great—this great shortage occurred in the Veterans' Administration, and a lot of medical officers were transferred to the Veterans' Administration, and he was among those transferred, and he was unfortunate enough to return



to the same veterans' hospital, that hospital that he tried to get away from.

That condition, however, has been rectified because it was taken up with the proper authorities in the Veterans' Administration subsequent to his complaint.

But your general question, sir, as to whether they object to that transfer from the Army to the Veterans' Administration, the answer is "Yes."

Mr. ENGLE. That, of course, tends to destroy the morale among the doctors in the institutions, the hospitals, in the medical service?

Dr. BAGGS. I am not at liberty to give my authority for this comment, but the Army has received innumerable complaints from their medical officers who have been transferred to the Veterans' Administration.

It seems to be an unhappy situation, but the necessity for veterans—for physicians in veterans' hospitals—is so acute and the supply and pool of doctors in the country is so small, and will be so small, that there seems to be no other alternative. In other words, it is a choice between two evils, and inasmuch as these doctors have joined the armed forces to give their services for the benefit of the country, if the Army sees fit to transfer them to the Veterans' Administration, if it is their judgment that that is necessary, then I think the doctors should simply—the medical officers from the Army—should simply sit and take it. There is no other alternative of securing medical personnel for the Veterans' Administration except to go to the Army, but if you will remember, all through the Selective Service—I am a member of the medical staff of medical headquarters down here as well as my assignment here—the acute shortage of medical personnel throughout the country has been very prominently brought to the notice of everybody, and that acute shortage has culminated in the Veterans' Administration, right at the spot where we need the best medical men we can get.

Now, this is a makeshift until such time as they can go out into the civilian pool—it will be a long time, incidentally.

Mr. ENGLE. Will you review your report on the Los Angeles Facility, the medical set-up?

The doctor I referred to was in that facility, and one of his complaints was:

Here we do not have many World War II veterans, also there are fellows coming in here from the First World War, and it is a good deal like a county hospital where they are there to be taken care of.

Dr. BAGGS. Domiciliary care.

Mr. ENGEL. Yes. And he was not really practicing medicine, there were not very many World War II veterans there, and he did not seem to think they were particularly busy, and he was just simply vegetating, and he wanted to get back into his own community which happens to be up in my district, where there is a great lumber industry, and he was trying to get out of the Veterans' Administration.

Dr. BAGGS. That is a matter of administration, sir.

Mr. ENGLE. I know it is, but this dissatisfaction may result from two things, No. 1, that these men are taken out of the Army Medical Corps and put into the Veterans' Administration, and No. 2, that they are not permitted to practice medicine after they get in there.

That was one of his complaints. If he had actually been doing something for veterans of World War II he would not care, but he did not feel he was doing anything, sitting around and looking at these fellows like in the ordinary county hospital.

So I was asking what does your report show there on the medical set-up in the Los Angeles Central Facility?

Dr. BAGGS. Under the present set-up they do not have latitude. That is, your doctors.

Mr. ENGLE. They do not have what?

Dr. BAGGS. Latitude or authority. [Reading:]

Under the present set-up they do not have any latitude or authority in selecting doctors, practically all of whom are now being transferred in from the Army or Navy, and as a result some undesirable medical personnel must be accepted against their better judgment.

This must be in reference to the manager. This is in reference to the manager. [Reading:]

It is difficult to properly participate in certain medical meetings because though Army, Navy, and Public Health Service doctors are recognized by the American Medical Association, State and county medical associations, Veterans' Administration physicians are not, unless they are licensed to practice in the State which they are employed by the Veterans' Administration. It is also necessary that doctors on civil-service status of the Veterans' Administration obtain higher authority from central office to take annual leave in order to attend medical meetings, lecture courses, and so forth.

That is one of your basic troubles in the medical department of the Veterans' Administration as outlined right there.

The Veterans' Administration does not discourage research work, nor do they discourage attendance of meetings—medical meetings. They may make it a little difficult to attend, in regard to annual leave, and to paying your own expenses, but there was a sweeping criticism here the other day before this committee that they discouraged research and attending medical meetings.

That is incorrect. [Reading:]

There are no adequate recreational facilities principally because of lack of proper space. The medical equipment and clinical arrangements are satisfactory with the exception that the out-patient facility is badly overcrowded.

Mr. McQUEEN. Doctor, are you reading that?

Dr. BAGGS. Yes. Shall I go on, sir?

Mr. ENGLE. I was just intrested in the medical aspects of it.

Dr. BAGGS. That is what I thought. Did I answer your questions?

Mr. ENGLE. Yes.

Mr. ALLEN. Proceed with the next hospital.

Dr. BAGGS. Palo Alto: Neuropsychiatric, 1,417 patients. [Reading:]

No general or specific complaints.

Only suggestion would be a full-time surgeon and specialist on internal medicine regarding medical equipment and clinical arrangements.

It appears that there are about 15 percent too many patients at the present time.

We urge erection of a new NP hospital with not less than 1,000 beds immediately.

We recommend that no additions be completed at this station as it would deprive the patients of the ground needed for recreational activities and the utilities now in use could not possibly service additional buildings. A complete new hospital should be built in northern California to care for mental patients

with adequate infirmary beds and provisions to segregate the elderly senile dementias from the younger veterans of World War II.

That should be universal.

The most urgent need at the present time is adequate provision for NP women veterans and infirmary wards for treatment of psychotic veterans who are also suffering from tuberculosis.

Now, general comments:

This institution is so far ahead of State hospitals for the treatment of mental cases that there is no comparison whatsoever.

The food in this station appears to be satisfactory.

I have never known of a case of neglect of the patients.

The patients here have beautiful grounds, baseball parks, etc., which appear to be adequate.

The canteen service here is quite a large one and is within keeping.

At no time have I ever been able to criticize this hospital for the lack of cleanliness.

I think the discipline and morale of the patients is satisfactory.

The morale of the personnel has always been satisfactory due to the genial disposition and executive ability of the manager.

We have no complaints whatsoever with this station.

Mrs. ROGERS. Dr. Baggs, I know you feel it is just as important to take care of the men after they are discharged, as well as when they are in the service.

Dr. BAGGS. Absolutely. The man does not change just because he has been discharged. He is just as sick one place as another.

Mrs. ROGERS. And as a serviceman, he is just as deserving.

Mr. KRAABEL. We have one more in California, Mr. Engle.

Dr. BAGGS. San Francisco.

Mr. KRAABEL. No; San Fernando.

Dr. BAGGS. Yes. San Fernando: TB hospital, 403 patients.  
[Reading:]

No general or specific complaints other than the ones listed below.

Central office has taken away practically all authority for any field officials to act on his own initiative. As a result, the patients suffer because of the long delay necessitated in obtaining authority from Washington on many minor matters in which field officials should be given authority to act.

I think that is perhaps a correct criticism.

The local officials have absolutely no authority or latitude in their employment.

There is little, if any, support given officials in research work. The laboratories are not adequate for such work, and they are hard pressed to keep up with the routine work needed in connection with the patients.

The doctors are urged to attend the clinical meetings, medical lectures, etc., but this can only be done under difficulty and they are not entitled to membership in the AMA or State and county societies.

More floor space is needed for administering pneumothorax and in the operating room.

The transportation facilities are very poor, and there is much dissatisfaction in this respect.

Those responsible for the lack of tubercular beds in southern California cannot be too strongly denounced. Even before Pearl Harbor attention was repeatedly called to the lack of sufficient tubercular beds in southern California, although attention has constantly been called to this situation and as far as we know no plans whatsoever have yet been made to remedy it. It is difficult to see how the Administrator could possibly explain his failure to act. It has been necessary to send applications for hospitalization for tubercular patients as far as Fort Bayard, N. Mex., 700 miles from Los Angeles, and to Walla Walla, Wash., 1,300 miles from Los Angeles. Provisions must be made at once for additional



tubercular beds in southern California, and a building program for 500 beds should immediately be started.

Complaints on the part of the patients regarding the lack of information given them as to their physical condition and advice as to future treatment upon being discharged, practically all the patients are agreed that the situation in this respect is unsatisfactory. They all feel that they should have more information in the connection with the extent of the degree of involvement of their tubercular condition in order that they can take proper care of themselves. They all want more information, both as to the disability and how to properly take care of themselves.

Mr. ENGLE. Do you have anything specific in your report on that hospital in regard to surgery?

Dr. BAGGS. There is one here that I just read concerning the pneumothorax:

More floor space is needed for administering pneumothorax and in the operating room.

That takes care of the surgical part of it in a TB hospital.

Mr. ENGLE. Does your report cover anything as to proper leeway for the doctors there to perform surgery for the patients?

Dr. BAGGS. No; I think that would be up to the staff of the hospital as to the necessity for surgical procedure. That would not have to go Washington.

Mr. ENGLE. Well, I was just wondering if there was any beefing. You read your general conclusions?

Dr. BAGGS (reading):

Comparing this hospital with the county tubercular sanitariums, it is our opinion that standards of treatment at San Francisco Hospital are higher.

San Fernando Hospital has always enjoyed a very fine reputation among veterans for its high quality and quantity of food that is served.

There are no complaints whatsoever on this score and it is a tribute to the personnel of the hospital that this high standard has been kept up under present circumstances.

A high standard is maintained in the cleanliness and neatness in the buildings and on the grounds.

There is adequate space for every man now hospitalized and there is no crowding.

Discipline and morale of this hospital personnel at San Fernando has been generally high.

We are of the opinion that the care given patients in this hospital is excellent, and that any complaints as to medical care, etc., that arises in an individual case will be promptly taken care of by the staff.

That is just comment, and I think that covers them now.

Mr. ALLEN. All right. We will take the next State.

Dr. BAGGS. Colorado, Fort Lyon: Neuropsychiatric, 1,026 patients.  
[Reading:]

General specific complaints: None.

Medical equipment and clinical arrangements are satisfactory but advise a purchase of new X-ray, photostat, electro-cardiograph and fluoroscope as soon as available.

Patients are crowded. Normal capacity of facility, 879. Emergency capacity, 1,026, present load 1,020. Overcrowded condition but not considered serious at the present time.

Regarding general and specific recommendations, more medical, nursing and attendant personnel; maintenance of high standard of food; adequate recreational facilities; maintenance of highest standard in the way of medical equipment.

We earnestly urge a speed-up of construction now under way, and other construction as proposed. Completion of the present construction will provide 160 more beds, which will take care of the present overcrowded conditions but such facilities will not be ready until sometime early part of 1946.

Unless there is a speed-up of additional construction, a critically overcrowded condition will result.

Fire hazard is no factor except in building 201 which should be replaced promptly.

Mr. McQUEEN. What hospital is that?

Mr. KRAABEL. That is Fort Lyon, Colo.

Dr. BAGGS. Fort Lyon.

Mr. KRAABEL. Connecticut. Newington: General medical, surgical; 473 patients. [Reading:]

As to specific complaints two have come to our attention: Alleged indifference shown in an examination by a junior member of the staff.

Mr. SCRIVNER. I did not get the name.

Mr. KRAABEL. Newington, Conn. [Reading:]

Alleged failure to admit a patient complaining of rectal trouble which later developed into a rectal abscess as reported in a newspaper.

The former appears to have been substantiated but acted upon immediately by the hospital. The latter appears to have been greatly exaggerated although substantiated. We believe justifiable complaints are few.

Equipment and arrangement satisfactory, space insufficient. Some 14 months ago we reported operating rooms and surgical equipment to be inadequate. We are informed that the central office now has approved plans to correct these conditions. The fact remains that they are not yet installed.

Patients in wards are somewhat crowded but not dangerously so. However, more space is desirable. The load is growing. Our recommendations and those of others for an enlargement of the hospital of 14 months ago have not yet been given effect although apparently authorized by the central office. We earnestly recommend added facilities at once before the load becomes acute.

We recommend immediately construction of additional general medical and surgical beds to bring the total to normal accommodations for at least 500 are urgently needed. We anticipate that still another 200 or 300 beds may be required in another year. As previously stated the recommendations of last year appeared to have been authorized but not yet effective. We reiterate the need for promptitude.

We urge prompt attention from central office to construction and other needs to meet the load which will soon be urgent. It is essential to aim ahead of a moving target.

We suggest that the selection of a thoroughly qualified and interested medical and surgical personnel in all veterans' hospitals be emphasized. We also suggest that inspections be frequent and thorough with some highly qualified and responsible medical officer or board connected with the central office to whom general or specific recommendations can be made with a view to their being considered and acted upon promptly. It would help maintain and increase its efficiency.

Building up of even closer contacts with local medical societies and with leading physicians and surgeons, possibly through a nonpaid consulting staff made up of representatives of local hospital staffs.

We are chiefly disturbed by the lag in providing facilities for the great load which undoubtedly impends.

#### General comments:

This hospital appears to bear a very good general reputation.

Medical officers are extended courtesies of the Hartford Medical Society.

The hospital laboratory is well equipped and the work done is of high order.

Relations with the laboratory of the State health department are cordial; laboratory records are well kept; the X-ray equipment and the service furnished excellent; the dental equipment is complete and supplies are ample. It is unfortunate that the dental officer in charge must spend much of his time on paper work, apparently necessitated by legal requirements.

The food is highly praised by the patients; our inspections confirm this.

Cleanliness and neatness in the buildings and on the grounds excellent.

Housekeeping good; grounds, shrubbery, and lawn neat and well policed.

Morale appears definitely good.

Discipline also except that impatience by some World War II veterans have been reported.

The patients at Newington appear contented and the personnel generally alert.

The hospital compares favorably with local hospitals. The local selection of nurses and personnel as permitted during the war emergency has resulted in an unusually competent body of nurses and technicians. This and the generally satisfactory condition of the hospital reflect credit upon the manager, the chief medical officer, and the head nurse. It also speaks well for the kindness and attention to duty of the employees generally and of the many volunteers and for the cooperative spirit of the patients themselves.

This hospital has a favorable report.

Dr. BAGGS. Mount Alto, District of Columbia: G. M. S.; 327. [Reading:]

So far as is within our knowledge there are no specific or general complaints. There are no definite complaints as to the morning and midday meals.

General dissatisfaction has been expressed of the evening meal, but such dissatisfaction is often expressed with reference to standard hospitals of this area.

There are no specific complaints or general complaints relative to the recreational facilities, but personnel is insufficient.

We would look with disfavor upon staff aide program of WACS.

We believe the Cadet Nursing Corps will amply care for the situation.

It is an accepted fact that to obtain the highest degree of medical treatment and hospital care, application of the highest type of professional efficiency in first-class hospital accommodations is necessary, and we recommend every possible effort to that end.

Recommend a new modern medical center providing 700 additional beds for general medical and surgery cases and to be located within the District of Columbia.

That is their comments. The other is, Do you want that?

The clinical facilities seem well organized, well equipped, and staffed by directors familiar with standard procedures in class A hospitals.

Mount Alto is a diagnostic center. It is in a class all by itself.

Sufficient authority and latitude for employment of attendants exists.

The staff feels they have encouragement and support in research in participating in clinical meetings, symposiums, medical lecture courses, etc. Medical Service of Veterans' Administration is lending its support and encouragement continually.

Canteen service seems to be satisfactory.

Generally speaking, it would seem hospitalization periods are proper.

Grounds are in excellent condition.

As to buildings, specifically the dining room, kitchen, operating rooms are found to be in an excellent state of cleanliness.

However, there are other areas in the buildings which are seemingly below standard.

Discipline and morale of the hospital personnel generally satisfactory.

P. & S. ratings affording pay increase might increase morale.

Insofar as can be determined discipline and morale of patients are normal as far as institutional care is concerned.

My personal knowledge of that hospital coincides with that report.

Mr. KRAABEL. Bay Pines, Fla.: G.m.s.; 604. [Reading:]

From observation and inspection we find no general or specific complaints.

The chief medical officer or clinical director has no authority in the employment of doctors and nurses. Once a doctor is assigned to a Veterans' Administration facility, it is practically an impossibility for the hospital authorities to dispose with his services.

There is not sufficient seating capacity in the theater and not sufficient room for game tables, etc. It is recommended that the present theater building be converted into a recreational hall with sufficient game tables and lounging rooms with comfortable reading chairs.

Canteen service is not satisfactory; entirely too small and the floor space should be doubled for immediate needs.

Present equipment for electro-cardiogram is not considered adequate. The



B. M. R. equipment also is single and is not presently satisfactory. Defective hearing equipment is not modern and there is no audiphone at the present time.

The transportation facilities to and from the hospital are not adequate other than private conveyances or taxicab, the only transportation available is street car for nine miles and then a three-mile ride by bus.

Very recently there was obtained domiciliary barracks buildings from the Army in which some sections of the administrative office were moved together with the offices of the representatives of veterans' organizations and the State service office. These buildings are quite comfortable although some inconveniences are shown in the lack of rest rooms also the fact that no provision has been made for the visit of wheel chair patients who wish to contact their representative in the prosecution of their pension claims.

It is recommended that this ramp be built for the convenience of wheel chair patients and that additional barracks buildings be secured so that the entire regional office may be placed temporarily in these buildings until an administrative building can be erected. There has also been recommended and approved, a new additional wing to the hospital which would have possibly 295 additional beds. This, so far, is in the recommending stage and nothing has been done by the central office to procure or start these buildings. It is also considered necessary due to the great influx of veterans from the north in the winter months that additional domiciliary barracks facilities be added and a new mess hall built for the domiciliary barracks.

An acute and serious situation faces this facility in the care of female veterans. There are at present only 29 beds available and there is always a waiting list of this type of veteran. It is easy to see that the large number of discharged women veterans from this war make these facilities entirely inadequate and provisions should be made for the care of this type of patient.

With reference to complaints on the part of the patients regarding the lack of information given them as to their physical condition and advice as to future treatment upon being discharged from the hospital, this is one condition that should be corrected immediately where such information will not be detrimental to the physical condition and health of the patient.

There is badly needed at this facility an additional sewage disposal plant.

It is also recommended that a special NP hospital be set up at this station with proper vocational and training facilities; also that this hospital be arranged so that the different types of NP patients may be segregated. One of the most and one of the most controversial questions in the Veterans' Administration facilities is the question of medical personnel having to stand officer of the day duty, and when a physician has O. D. assignment and is compelled to remain awake all night, his efficiency is certainly impaired in his duties the following day.

Therefore, it is considered absolutely necessary that sufficient medical personnel be added to the facilities so that there may be a reduced force of physicians on duty during the night and on Sundays.

General comments: It was noted that the discharge board at this facility asked if there were any general or specific complaints of every veteran discharged from this facility and their answers had been without exception that they were satisfied.

The equipment and treatment in Bay Pines and the laboratory work is far superior to either of the hospitals in this area.

There is a weekly conference of medical and surgical personnel held at this facility and during these conferences various and individual cases are discussed much in the same manner as officers' schools in the military forces. Also, there are autopsies held in every case where permission can be secured. It is thought by the inspector that this facility is far above the average in this type of educational training.

There has never been at Bay Pines Hospital any complaints as to type of food or the quantity.

The discipline and morale of the patients are above the average.

The discipline and morale of the personnel—very good.

This facility is staffed with sufficient competent nurses to take care of the full-bed capacity.

(Mr. Rankin resumes the chair.)

Mr. ALLEN. Now, Mr. Kraabel, you started that report with a statement to the effect that there seemed to be no way to get rid of an

incompetent doctor. That is not the language, but that is the thought.

Now, I am wondering if there should not be some provision made to get a doctor who is not satisfactory to the patients and the management of the hospital—get him out of the way.

We certainly do not want the patients in the hospital to have to be treated by a man that is no competent, and that statement indicated that there seemed to be no way now to get rid of the doctor who was incompetent.

Mr. KRAABEL. Mr. Allen, the question is No. 6 on that diagram you have [reading]:

Do you feel they have sufficient authority and latitude to employ competent doctors, nurses, and attendants?

And the survey committee, headed by the department commander, answers as follows:

The answer to that question is self-evident: the chief medical officer or medical director has no authority in the employment of doctors and nurses.

It is well known that this personnel is furnished through the Civil Service Commission.

Once a doctor is assigned to a Veterans' Administration facility, it is practically an impossibility for the hospital authorities to dispose of his services.

They do have sufficient authority in the employment of attendants, however.

Mr. GIBSON. The truth is that you come right back to the fact that the civil-service system is not competent to appoint doctors and nurses.

Mr. ALLEN. In other words, the Civil Service appoints him and the hospital is stuck with him.

Dr. BAGGS. I think—I could be corrected by the Veterans' Administration doctors back of me—the central office in Washington has the authority to transfer any doctor to any facility in the Veterans' Administration, but the Veterans' Administration cannot discharge a doctor without cause.

That is the basic trouble with civil service.

Mr. GIBSON. Transferring him, though, does not improve his efficiency.

Dr. BAGGS. Not a bit.

Mr. CUNNINGHAM. That is the same complaint I got in my investigation.

Mr. GIBSON. Yes.

Dr. BAGGS. It is basic.

The CHAIRMAN. When a doctor proves undesirable or not competent or not efficient, he ought to be transferred out of the Veterans' Administration.

Dr. BAGGS. That goes through the civil service. You have to file complaint, however, to show cause——

The CHAIRMAN. Oh, yes; and then you have to try them before some bureau, you see.

Like the fellow in the Southwest who was sold a horse in the Southwest, and they got 12 of his cohorts, and they said, "We, the jury, find the defendant not guilty."

The Administrator should have the power to remove these people from the Veterans' Administration pay roll when they prove to be undesirable.

Dr. BAGGS. That is in your bill, the 3310 bill.

The CHAIRMAN. That is the bill I have been trying to——

Dr. BAGGS. Well, that is taken care of in your 3310 bill.

Mr. KRAABEL. Mr. Chairman, I think I should let the committee share this information:

Back through the years we have found instances of where, because of personal clashes, a doctor may not be up to par in one station, but will perform magnificently in other stations.

That does not cover all of them, but there have been those exceptions.

The CHAIRMAN. Oh, yes. We have a Negro hospital in Tuskegee, Ala., and if you were to send a white doctor down there, they would send him back to you.

I realize that those changes are necessary, but when a doctor or anyone else has proven undesirable or inefficient, or has shown that he cannot get along with patients and the other doctors and nurses, the officials of the Veterans' Administration, they ought not to be just merely shifted from one post to another to continue to cause trouble.

He should be removed from the pay roll of the Veterans' Administration.

Mr. KRAABEL. One case in point was the doctor who had a good record, was on the verge of being transferred to a facility headed up by a layman manager, and we knew his experience under a layman manager, he had not been up to his full qualifications.

So the people in that State heard about the coming of the man and protested it; he was sent to a hospital headed by a medical man, and he did perform, and there was no further complaint on him.

I just cite that as an exception.

Mr. ALLEN. Well, it was not a question of a man's ability, it was a question of incompatibility.

The CHAIRMAN. I do not know who is responsible for it, but it was a mistake to put these Veterans' Administration doctors in uniform.

In the first place, some of them imagine they are still in the Army, and they resent having to take orders from a manager who is not in a uniform.

Another thing, when a disabled soldier gets out of the Army and becomes a civilian, in a great many instances, he prefers his civilian doctor, not a major, colonel, or a captain to attend him.

And I think it has been a mistake, not only to put these doctors in uniform, but it has been a mistake to have these doctors shifted from the War Department into the Veterans' Administration.

Mr. SCRIVNER. There is no mystery about where that came from.

The CHAIRMAN. Where did it come from?

Mr. SCRIVNER. It came from General Hines, right before this committee.

Mr. McQUEEN. It was a necessity. They had to obtain Army doctors.

The CHAIRMAN. Well, they put some of the doctors in uniform who had not been in the Army up to that time, and it reduced them, at least from a pay standpoint, to a lower wage.

I know of one or two instances.

Mr. DOMENGEAUX. It happened in many instances.

The CHAIRMAN. It really has not helped the morale in the veterans' hospitals.



Mrs. ROGERS. Mr. Chairman, I was wondering if the committee would not be interested in having the men coming in from Forest Glen who are disabled veterans of this war, stand up and tell us who they are, so their names will be in the record. If that is not out of order.

The CHAIRMAN. Well, we will get to that before we are through.

Mrs. ROGERS. Well, they have to leave. They are leaving now, Mr. Chairman. I thought it would take only a minute. I know we all appreciate having them here.

The CHAIRMAN. Well, we would like to have that, but we do not expect to start a procedure here that you will follow up, because we are going to call all who come here.

Mrs. ROGERS. Well, just today.

The CHAIRMAN. All right. We will have them stand.

You gentlemen from Walter Reed Hospital.

Mrs. ROGERS. Yes, from the Forest Glen branch of the hospital.

Will you just stand?

The CHAIRMAN. Let them give the names so the stenographer can get them.

(Whereupon, the following persons arose and announced their names: Lt. Ted Held, New York City; Corp. Maurice Murphy, New York City; Corp. T/5 Leo E. Davison, Pennsylvania; Pvt. Richard M. Saffner, Pittsburgh, Pa.; Wayne Tompkins, Worthington, Mass.; Pvt. Neal Annett, New York; Pvt. Albert A. Feldman, New York City; Helen Coleman, Appomattox, Va.; Robert Boals, New Hampshire.)

The CHAIRMAN. All right.

Mr. GIBSON. There is one question I want to ask this witness.

The CHAIRMAN. All right.

Mr. GIBSON. What is the Legion's opinion as to whether it is better to have a civilian manager, or a doctor manager of these hospitals?

Mr. KRAABEL. The Legion has expressed itself in the persons of the various department's officials who find their hospitals run equally well in some instances by doctors, and in others by laymen.

Mr. GIBSON. In other words, it is the individual, you think, whether he is a professional man or layman?

Mr. KRAABEL. Now, generally, speaking, they would separate the regional offices from these combined facilities and place them in the work load areas, that would be the metropolitan areas.

For instance, in Chicago, a boy came there and he still had 14 miles to go to it. It may not have been hospitalization.

It may have been other things.

Now, of course, they have a regional office downtown and that is headed by a lay manager.

That is the general picture of the organization.

The CHAIRMAN. Now, another question. We are having trouble all over the country about the mixing of whites and blacks in these hospitals.

I come from a section of the country where they are segregated satisfactorily.

What is the Legion's attitude about this situation in these veterans' hospitals?

Mr. KRAABEL. We are guided entirely, Mr. Chairman, by the recommendations from those States. They should be segregated.

The CHAIRMAN. We have had a report from Ohio, and it seems the latest one is from New York.

Now, there is no use letting some imaginary uplifter go around and dictate the policies of these hospitals when we know it will cause friction and disturbance, and I would like for you to consult the various Legion officers.

Mr. KRAABEL. That we will do, and we have done that in the past.

Mr. SCRIVNER. You have done that in the past?

Mr. HUBER. If civil service was abolished, how then could you hold out any career to a man to make a career in the hospital?

Mr. KRAABEL. We have the approach of the doctors and the approach from laymen who have been in the service for the past quarter of a century. I would say, so far as our study has gone, and there is no mandate from our organization as yet, you would have the possibility of the Veterans' Administration itself selecting its personnel and employees.

We are not committed to that, yet, but that is part of our reserve.

The same way for the Medical Corps, for medical and nurses. We have not answered that yet. But by having the Veterans' Administration autonomous, hiring and firing its personnel, that may be the answer.

Mr. CUNNINGHAM. Well, could they not have the authority to do the firing and still have the benefits retained of civil service?

It would not be necessary to repeal civil service entirely.

Mr. KRAABEL. I do not think that would have to be. I understand there is another Federal agency that has independence in that regard.

Mr. CUNNINGHAM. They can be fired now but it is a burden of procedure and the managers just will not do it. Is that not true?

Mr. KRAABEL. That is the difficulty they are faced with.

Mr. McQUEEN. We have another hospital in Florida now.

Dr. BAGGS. Lake City, Fla.: G. M. S. 419. I invite the committee's attention to this particular hospital report because it has been in controversy.

The CHAIRMAN. That was established for a soldiers' home, was it not?

Dr. BAGGS. No.

The CHAIRMAN. How many hospitals in Florida? It was established for a soldiers' home.

You see, we had no soldiers' home in the South, so a few years ago the Veterans' Administration decided to establish two, and they placed this one at the town of Biloxi, Miss., on the Gulf coast, and the other in Florida.

Both of them have now been transformed into veterans' hospitals.

Dr. BAGGS. Yes.

Mr. KRAABEL. Lake City does not enumerate any domiciliary patients—domiciliary beds at the present time?

Dr. BAGGS (reading):

There are some conditions in this hospital which are badly in need of correction so that veterans in this area will report to this hospital instead of paying their own way to the Bay Pines facility.

From complaints made in the past it would seem that some of the medical personnel would be responsible for this condition.

We have in mind numbers of complaints against the chief clinical director, Dr. Byrd, and Dr. Arnold.

It is felt that the attitude of the chief clinical director is responsible for the majority of complaints at this hospital which have been covered in former reports and requests have been repeatedly made for this officer's transfer.

Efforts have been made in the past also to have Dr. Arnold transferred.

The CHAIRMAN. Let me ask you something. Can you be back here at 1:30?

Dr. BAGGE. Yes.

The CHAIRMAN. It is 15 minutes to 12 o'clock. The members of this committee do not have time to read that mail, and most of them want to be on the floor at 12 o'clock.

If there is no objection, we will meet back here at 1:30.

Now, I want to say to the members of the committee—I spoke to you a while ago, and I want to make this statement to you in open meeting so you can make this statement to other members you see—I would like all of them to be here this afternoon, and especially at 4 o'clock. General Bradley is going to be here at 4 o'clock, and some of the members of the committee desire to have a picture, and I hope they will all be here.

We will meet back here at 1:30.

Mr. McQUEEN. Is it the desire of the committee to go through all these reports, or does the committee desire to go through all these other reports while they are fresh in the minds of these Congressmen? We can get the slant from the other investigations and other organizations.

In other words, do you want to cut this off anywhere and go back over the same ground, or do you want to cover all that the Legion has now, and then the VFW and the DAV?

Mr. SCRIVNER. I think this is the logical way to handle it, right down the States alphabetically. We can make our notes on it.

The CHAIRMAN. Finish with the Legion, then take up the VFW and finish with that.

(Whereupon, at 11:45 a. m., the committee recessed until 1:30 p. m., of the same day.)

#### AFTER RECESS

(The committee met at 1:30 p. m., Hon. John E. Rankin, chairman, presiding.)

The CHAIRMAN. The committee will come to order.

Doctor you may proceed.

#### STATEMENT OF DR. ALBERT N. BAGGS

The CHAIRMAN. Doctor, anything you have that you would like to submit for the record, without taking the time to read, you may do so.

Dr. BAGGS. Yes, sir. This is from the Lake City Facility: General, medical, and surgical; 419 patients.

I invite the attention of the committee particularly to this, as there seems to have been, and may be at the present time, considerable bitterness there. I have discussed it with the Medical Director of the Veterans' Administration last week, and he tells me that a great deal of their complaints especially concerning the individual officers in that sector, are being threshed out and considered, and I understand that there is one court martial. The details of that I am not in position to give because I am not personally familiar with that.

Mr. KRAABEL. Mr. Chairman, this is the department commander's observations at the time he observed it.



The CHAIRMAN. At Lake City?

Mr. KRAABEL. At Lake City.

Dr. BAGGS (reading):

There are some conditions in this hospital which are badly in need of correction so that veterans in this area will report to this hospital instead of paying their own way to the Bay Pines Facility.

The CHAIRMAN. Are they both veterans' facilities?

Dr. BAGGS. Yes, sir. [Reading:]

From complaints made in the past it would seem that some of the medical personnel would be responsible for this condition.

We have in mind numbers of complaints against the chief clinical director, Dr. Byrd, and Dr. Arnold.

That is what I discussed. I believe that is being taken up at the present time.

It is felt that the attitude of the chief clinical director is responsible for the majority of complaints at this hospital which have been covered in former reports and requests have been repeatedly made for this officer's transfer.

Efforts have been made in the past also to have Dr. Arnold transferred. Neither of these have met with success. It is considered detrimental to the economical situation to have the Veterans' Administration facility staffed with 9 doctors on duty with a small number of patients in the hospital.

This hospital could easily be, by the transfusion of new blood, of great benefit to the veterans of north Florida and south Georgia. The reason for nonapplication to this hospital is because of the reputation it now possesses and it is hoped that this will be immediately corrected.

It is thought that greater study in research, etc., such as practiced at Bay Pines would be beneficial at this hospital. There should be at least weekly schools held by the entire staff for individual cases to be taken up and discussed; also, the participation of the entire staff in autopsies, medical lecture courses, etc.

That should be done in every hospital. It probably is done in every hospital.

The medical equipment and clinical arrangements are not satisfactory. One condition which was brought to the manager's attention was the lack of force on the hydrotherapy pump. The capacity was--the capacity pressure on this pump is 30 pounds, which is not considered sufficient to obtain the maximum benefits from such treatment. It was recommended to the manager that this be corrected and he assured us of his willingness to have this done.

The chief clinical director has ordered war surgeons to discharge men when they should have been kept in the hospital.

That, of course, Mr. Chairman, is a matter of medical judgment.

The inside of the buildings is badly in need of paint. In most cases the paint has been entirely knocked down from the baseboards, doorframes, etc.

Then he goes into detail.

The CHAIRMAN. Who is that making that report?

Who is staying that, sir?

Dr. BAGGS. That is our investigator, sir.

Dr. KRAABEL. The department commander.

Dr. BAGGS. The department commander.

The CHAIRMAN. Now, that is a brand new hospital; not an old hospital at all?

Dr. BAGGS. Oh, no. That hospital is pretty old.

The CHAIRMAN. Lake City, is it not?

Dr. BAGGS. Yes.

Mr. CUNNINGHAM. Mr. Chairman, our report is practically identical. My recollection is that it is practically the same thing, so we concur.

The CHAIRMAN. My recollection is that hospital was built there during the Hoover administration.

Go ahead.

Dr. BAGGS. I will go into more detail. [Reading:]

There is a deplorable condition existing in both the cooling rooms and refrigerators. They are antiquated in equipment and present a very unsanitary view. The racks upon which meat is kept are built of galvanized material and where the rivets are placed in slats the galvanizing has broken and the surrounding area is very rusty. The walls and ceilings of these rooms are galvanized sheet steel; the floor is cement. It is recommended that stainless steel racks be provided with rubber-tired castor rollers so that meat may be placed upon them without the exertion necessary at present and the ceilings, walls, and floors of these rooms be tiled. Also, that they should be enlarged, for if this hospital were operating full capacity, these refrigerators and cooling rooms would be entirely inadequate.

The patients are not too crowded; more patients needed. This hospital could carry 15-percent overload without excessive crowding.

What is really needed to assist in the treatment of veterans in Veterans' Administration hospitals is for either the stenographers be available in the clinical record office—

it goes on on personnel, clerks, clerical help, and so forth.

The CHAIRMAN. How many beds do they have there?

Dr. BAGGS. Four hundred and nineteen.

The CHAIRMAN. Now, how many patients?

Dr. BAGGS. We will come to that in a minute.

The CHAIRMAN. I would like to get them together so I can remember them.

Dr. KRAABEL. Two hundred and fifty-three, Mr. Chairman.

The CHAIRMAN. And you have room for 419, and you say they could go beyond that capacity, if necessary?

Dr. BAGGS. According to this report.

The CHAIRMAN. So this is one hospital which your overcrowded conditions does not apply to?

Dr. BAGGS. It does not exist. [Reading:]

The most serious condition at this hospital for the welfare of the veterans is the lack of a covered corridor from hospital wards to the mess hall. The present plan is, in the event of rainy or stormy weather, these men have to be transported by covered trucks or other methods to the mess hall. This condition is inexcusable. There are covered corridors from one to—from one ward to another and one should certainly be built so that it would connect the mess hall with at least one of the covered corridors leading from ward to ward.

The CHAIRMAN. Now, the Legion of Florida has known that condition existed for at least the last 15 years, and this is the first time it has ever been brought to the attention of the committee or any protest made on it?

Mr. KRAABEL. Protests have been made about it directly to the Veterans' Administration.

The CHAIRMAN. Have they protested that before?

Dr. BAGGS. They have.

The CHAIRMAN. Lack of covered corridors?

Dr. BAGGS. Yes, sir.

The CHAIRMAN. Now, I want to get this straight—I want these veterans' organizations who are making protests against conditions that have existed for years to explain whether or not they have made protests before, and if not, why they are delayed.

Dr. BAGGS. Well, I think I would be justified in saying that comments have been forwarded to our office at regular intervals and have

been forwarded to the Veterans' Administration. I have done so myself on occasion. This one, in particular, I have in mind, and these inspections come in, sir, at regular intervals.

The CHAIRMAN. That is one of the few hospitals in the Southeastern States that I have not had an opportunity to visit, and I am not familiar with the situation.

Mr. COHN. Mr. Chairman, you mentioned veterans' organizations awhile ago. Do I construe by that, that was investigation—that was an investigation, as I understand your statement?

The CHAIRMAN. Yes.

Mr. COHN. I do not want to butt in if it was directed to the Legion. For many years we have followed the policy of periodic inspections and have submitted our complaints to the Veterans' Administration.

The CHAIRMAN. I am talking about the open corridors at Lake City, Fla. This is the first time it was ever called to my attention.

Mr. SCRIVNER. Have these veterans' organizations been invited to appear here before and make reports on conditions like this?

The CHAIRMAN. They have appeared here every year and it seems to me if this was the condition—

Mr. KEARNEY (interposing). I understand that this has been called to the attention of the Administration from time to time.

Mr. KRAABEL. They come to us and we go to General Hines with them over the years with the field reports and the recommendations have been acted upon by the Veterans' Administration in about 67 percent of the cases.

That has been our general average, and the other 33 percent they have marked some of the things on which they did not agree with us.

Dr. BAGGS (reading):

There is another condition existing at this hospital that is a disgrace to the Veterans' Administration and that is the present nurses' home. This is an old, two-story, frame building sitting off by itself in the hospital grounds with no covered walkway to the hospital proper, thereby forcing the nurses to go back and forth in inclement weather. This building, in fact, is an old-fashioned roach trap. It can be easily imagined the damage it could cause, also, the probable loss of life in case of fire.

I strongly recommend the immediate erection of a new nurses' home, modern in every respect as good nurses with high morale at a Veterans' Administration hospital are worth far more than the few dollars involved.

In addition to the recommendations entered above in this report, the following are considered absolutely necessary: One of the most controversial questions in the Veterans' Administration facilities is the question of medical personnel having to stand officer-of-the-day duty. The inspector readily recognizes that where a physician has O. D. assignment and is compelled to remain awake all night, that his efficiency is certainly impaired in his duties the following day. It is also recognized that the medical personnel in the Veterans' Administration are underpaid and, in most cases, overworked and that frequently they are required to put in a 7-day week. This does not tend to hold the desired morale of medical personnel when the doctor has no cessation or relief from his labors. It is, therefore, considered absolutely necessary that sufficient medical personnel be added to the facilities so that there may be a reduced force of physicians on duty during the night and on Sundays. These physicians must be well trained in administrative duties and must be doctors of the very best quality with a night chief medical officer attached to this force. This would eliminate many of the complaints of the admission of emergency patients. There have been many complaints in the past on the conduct of officers of the day who have felt it necessary that they get some rest and some neglect of patients has been observed, but, as heretofore pointed out, this is not entirely the fault of the medical personnel but rather is caused by insufficient personnel.

It is also felt that the pay scale for all personnel in the Veterans' Administration is far too low to obtain the best talent.



That is the same story.

The CHAIRMAN. That is due to the rise in prices of commodities, is it not, there?

Dr. BAGGS. Well, it is the low pay scale which does not fit in with the present pay schedules in other organizations, and so forth.

In other words, they will leave for a better-paying job, no matter how good they are.

The CHAIRMAN. Does that same thing apply to the doctors?

Dr. BAGGS. To a certain extent. They are very difficult to get. The doctors who are in the Veterans' Administration have quite a habit of remaining with them for very long and indefinite time.

It would militate very strongly against new doctors, because from now on for the next 10 or 20 years the practice of medicine is going to be a whole lot more lucrative than it was, due to the lack of doctors in a civilian pool; due to the causes which were brought out in Senator Pepper's hearing last winter. [Reading:]

The standards of treatment in this hospital is about average with the municipal or county hospitals.

The food was well prepared, well served, and excellent in quality.

The outside of this hospital and the grounds of this hospital look well, inside the hospital it is clean and tidy and in as good condition as could be expected with the scarcity of labor considered.

The kitchen is well equipped and spotlessly clean.

Inspectors were informed that in the event patients demand going against medical advice for various reasons they are allowed a 15-day pass if the situation warrants such action.

That is all through the Veterans' Administration, that permission.

Chief surgeon at this facility impressed the inspectors as a very good man, also impressed us with his ability and consideration of his patients.

The dental laboratory is excellent and the technician in charge is far above the average.

The chief difficulty down there seems to be, Mr. Chairman, in the higher medical personnel. Dr. Griffith informs me that that is being taken care of.

The CHAIRMAN. You say the food is sufficient and well prepared and sanitary?

Dr. BAGGS. Yes, sir. The objection to refrigeration I read to you.

The CHAIRMAN. I am still interested in knowing when that hospital was built. Can anybody find that?

Mr. KRAABEL. The Veterans' Administration may know.

Mr. ANDERSON. I think it was 1923.

The CHAIRMAN. I would like to find out definitely: I would like to know definitely when that hospital was built.

Now, what kind of buildings are they, Doctor?

Dr. BAGGS. With exception of the nurses' home there, stone construction or brick, but the nurses' home which seems to be very inadequate, it refers to this as a rat trap. And it is far removed from the other buildings, making it difficult for them to go in inclement weather.

Now, you say the patients have to go through this uncovered corridor in going from one building to another, in going to their meals?

Dr. BAGGS. Right.

The CHAIRMAN. How far is it?

Dr. BAGGS. It is far enough to use a truck—wards are connected with covered corridors but the mess hall is off by itself and there is no cover between the last ward and the mess hall, making it neces-

sary for the trucks and ambulances to come and take those patients to the mess hall in inclement weather.

Now, do you want to comment?

Mr. McQUEEN. Take the State of Georgia.

The CHAIRMAN. All right.

Dr. BAGGS. Atlanta: G. m. s. No. 415. No general complaints.

Our general and specific recommendations are as follows—

Mr. McQUEEN. Atlanta, Ga.?

Dr. BAGGS. Atlanta, Ga.

The CHAIRMAN. Doctor, before you start off, I would like for you to give the bed capacity and the number of patients now.

Mr. McQUEEN. He did.

Dr. BAGGS. Four hundred and fifteen, sir.

The CHAIRMAN. That is the capacity of the space?

Mr. KRAABEL. That is the authorized bed capacity, Mr. Chairman, and the patient load as of May 31 was 360.

The CHAIRMAN. Then you do not have a crowded condition in Atlanta?

Mr. KRAABEL. Numerically, you do not.

Dr. BAGGS. This next statement does not—

The CHAIRMAN. Now, Doctor, none of these other hospitals you have described had these open corridors, did they?

Dr. BAGGS. Not so mentioned. Not mentioned. [Reading]:

Discipline and morale of patients is very hard to maintain due to overload. World War I and II patients cannot be separated. This is not good for morale.

Entirely too crowded; not enough flood space per patient which endangers patients and promotes infection (98-bed overload).

The CHAIRMAN. Now, you said in the beginning there that you had only about 60.

Dr. BAGGS [reading]:

Personnel overworked due to overload. Morale not as high as should be. This can be attributed to the patient overload.

Our general and specific—

Dr. KRAABEL. This, Mr. Chairman, is the department head—the department commander's estimate as of that day, which confused this population report of May 31. This population report is the official governmental report as of that day.

Mr. SCRIVNER. Well, when did the department commander make this visit?

Mr. KRAABEL. April 27.

Mr. SCRIVNER. Five weeks prior?

The CHAIRMAN. Well, even 5 weeks would not have made that much difference in the hospital load.

Dr. BAGGS. Here is the statement, sir. [Reading:]

This facility was originally built to accommodate 317 patients. There has been 98 extra beds added which makes the wards crowded and congested. We understand the hospital will be expanded for 200 extra beds. This seems extremely bad judgment with 98 additional emergency beds now and a waiting list of 100.

We recommend an increase of 500 beds making a total of 817.

The CHAIRMAN. Do you know whether or not that was included in the Veterans' Administration expansion program, and if so, how much they provided, Mr. Kraabel?

Mr. KRAABEL. This is Georgia, is it not?

Dr. BAGGS. Georgia, Atlanta.

Mr. KRAABEL. They have existing—they have additions to existing G. M. S. hospitals, Atlanta, Ga., 125 beds, announced week before last.

Dr. BAGGS. This statement indicates that the hospital appears to be considerably overcrowded.

Mr. McQUEEN. I do not understand that.

The CHAIRMAN. Not according to those official figures there?

Mr. SCRIVNER. Yes. It was originally built for 317, they added my name, which brings it to 415.

The CHAIRMAN. They had about 60 vacant.

Mr. SCRIVNER. That would still give its capacity——

The CHAIRMAN. It might not be enough, I do not know.

Mr. SCRIVNER. To take care of the present load.

The CHAIRMAN. Yes.

Dr. BAGGS (reading):

Standards of treatment equal to and in some departments superior as compared to the State, county, and municipal institutions in this area.

Quality of food all right; variety and preparation all right.

Cleanliness and neatness in the buildings and on the grounds, very neat and plain.

The patients generally are high in their praise of this hospital.

Mr. McQUEEN. Now, has the DAV any paper?

Mr. RICE. Nothing for that. We concur.

Mr. McQUEEN. What about the VFW?

Mr. JONES. We have no particular complaints on the hospital. We recommend construction of a number—of 1,000 additional beds, and our record shows that at the time of this report there were 375 patients in the institution, and 175 of them were World War II men——

Mr. McQUEEN. So the reports then, generally speaking, are the same on this hospital?

Mr. JONES. Yes.

Mr. McQUEEN. And the recommendations are the same?

The CHAIRMAN. Now, do you think the other organizations should be permitted to insert their recommendations in the record at this time? Would you like to do that?

Mr. McQUEEN. Well, now, you will have to let me go back and get the other reports again. I only brought the Legion reports in.

The CHAIRMAN. I would think that where they concur, they have the report and they could insert it in the record.

Mr. SCRIVNER. Insert it under the same hospital heading.

The CHAIRMAN. Yes. Under the same hospital headings, if you care to do that.

Dr. BAGGS. This is Augusta, Ga.: NP hospital; 1,253 beds.

Mr. KRAABEL. Population as of May 31, 1,212.

The authorized bed capacity for Augusta is 1,417. The total receiving hospital care as of May 31, is 1,212.

Mr. McQUEEN. Leaving 41 beds to spare.

The CHAIRMAN. Mr. Kraabel, is there expansion provided for that hospital, or do you know?

Will you see if it is?



Mr. KRAABEL. There is not any listed in the second construction program for that particular hospital.

Dr. BAGGS (reading):

Recreational facilities are not adequate. Need more space. Too crowded and need more funds.

Recommend the adoption of proposed blueprint already in Washington.

Canteen service is not satisfactory, too small and inadequate stock and service to patients poor and should serve wards patients. Lessor in charge is not satisfactory. Not kept clean. Recommend the canteen be operated by the facility.

That canteen facility should be in every hospital. I do not believe it should be operated by an outside agency.

Need new X-ray equipment, has been in use for years. All equipment is old and has been in service 25 years. Need all new equipment.

Periods of hospitalization are too brief in many cases.

Patients are too crowded.

In most cases the day rooms are being used as bedrooms as well as the bathing facilities.

Discipline and morale fair, on account of low wage scale and not being able to get their annual leave.

Shortage of beds now prevails. Need additional beds and building at once.

There should be a more thorough examination and frequent examination of the patients on the wards and more attention paid to the complaints and not a brush-off. Too much time devoted to paper work by doctors and nurses and should be reduced to a minimum. Recommend WAC's on this work.

Need more night nurses on duty.

More attention should be given to complaints of the patients and not just a pill.

Hours of the officer of day too long.

Need social workers badly.

Recommend a committee appointed by the American Legion State department composed of members of the American Legion hospital committee, lawyer and necessary medical members to review the complaints of patients claiming that they are unjustly committed and committed patients who feel that they are capable of reentering civil life.

Recommend that precautions be taken to prevent flies from entering the dining room.

Need additional pots and pans.

The shock and puncture treatments are being used at this hospital.

That is what was referred to yesterday by the Purple Heart representative.

Recommend one additional ambulance for this hospital. Also, extra busses for transportation.

The CHAIRMAN. Do you approve of that shock treatment, then, Doctor?

Dr. BAGGS. It is in the experimental stage. Sometimes it is effective; sometimes not.

It is considered sometimes a rather dangerous procedure, but that is only my personal opinion.

As I stated, it is in the experimental stage, and the profession has not accumulated enough data on it to arrive at any—

The CHAIRMAN. What is the general medical opinion over the country?

Dr. BAGGS. It seems to be favorable, sir. And I think it would be justified if he needs it and it is used in competent hands the way it was described here yesterday.

The CHAIRMAN. Is it under the supervision of hospitals?

Dr. BAGGS. Oh, yes. It is a recognized treatment.

The CHAIRMAN. That is the question I should have asked.

Dr. BAGGS. Yes, sir.

That is all from Augusta, Ga.

The CHAIRMAN. Do you VFW and DAV men have anything?

Mr. COHN. No comment.

The CHAIRMAN. Do you concur with that?

Mr. COHN. We concur in the hospital report.

Did you ask for concurrence in the statement on shock treatment, Mr. Chairman?

Mr. McQUEEN. No, no; only the facility at Augusta.

Mr. COHN. Nothing else to offer.

The CHAIRMAN. Do you concur in that, also?

Mr. JONES. Yes, sir.

The CHAIRMAN. You may submit your report on it at this point, if you have one, Mr. Cohn, and also the VFW.

Mr. JONES. The complaint of the VFW is that they are understaffed, and they recommend an additional 1,000 beds. Our report is not quite as critical as the one Dr. Baggs just read.

Dr. BAGGS. Danville, Ill.: NP; 2,303.

Mr. KRAABEL. 2,123 patients receiving hospital care of May 13.

Dr. BAGGS. And the capacity ran 2,303.

The CHAIRMAN. How many beds?

Dr. BAGGS. 2,303, as against the 2,123.

The CHAIRMAN. You have almost 100 beds extra?

Dr. KRAABEL. Yes.

Dr. BAGGS (reading):

No. general or specific complaints.

Our recommendation as to type and number of additional beds that may be required for the new load are 300 beds for acute cases and 50 beds for tubercular hospital or building.

The fire-fighting equipment is adequate but the men who handle it are attendants taken from other work and are not efficient. Would recommend that at least three efficient firemen be employed to properly organize and train fire department.

Have received many compliments on type of treatment received from discharged patients and their relatives.

Standards of treatment and NP cases superior to county and State.

Surgical and medical records especially good.

Present staff works well with local medical society.

Best food in market is provided for patients.

All buildings were inspected and storerooms and dining rooms were scrupulously clean and sanitary conditions are very satisfactory and grounds are well kept and in good condition.

Transportation facilities excellent.

Wards do not appear to be crowded.

The discipline and morale of the hospital personnel good.

In making my inspection I paid particular attention to food served and the condition of the kitchen. The meal served that day was well balanced and generous portions were served. The bill of fare for several weeks prior to our visit shows that the patients are well fed. The patients whose mental condition is such that they can express themselves appear to be satisfied with their food and care. The kitchen and bakery were very clean. The storerooms were very clean and well kept. The meat and other food was of the best quality. The dietitian is very efficient and seems to be very interested in her work.

The managing officer, Dr. Rolland, was very courteous and conducted us to every part of the hospital we requested. I could find nothing in the care of patients, condition of buildings, cleanliness or efficiency of medical staff and attendants that deserved criticism. In my opinion they should be commended on the efficient manner in which they perform their duties.

Mr. McQUEEN. That is Danville, Ill.

The CHAIRMAN. That is an NP hospital.

Dr. BAGGS. That is an NP hospital.

Mr. McQUEEN. Has the DAV anything?

Mr. COHN. Yes; there is a recommendation that we have that this hospital should have an out-patient clinic. Our committee there says that psychoneurosis could be treated at home as out-patients. It means psychoneurotic patients should be treated at home as pay patients and that this hospital should be for service connected only.

The hospital has now two consultants and they are from central office; one more man obtained.

Our report shows the hospital has 2,300 beds; hospitalized patients, 2,125; regular capacity, 2,022. The emergency capacity, however, is 2,300.

So they are within their emergency at this time.

The CHAIRMAN. Is that soldiers' home?

Mr. MATHES. It was originally.

Mr. KRAABEL. It was originally. I think the Government bought it. It was a State-owned; was it not?

Mr. MATHES. The National Home operated there for a good many years until it was taken over by the Veterans' Administration.

The CHAIRMAN. That was in 1930; was it not?

Mr. MATHES. Between '30 and '31, I believe.

Mr. COHN. There is one other observation here. They state here that advice has been given relative to obtaining discharges of patients prior to recommendation of attending physicians. This information emanating from the military forces prior to discharge.

In other words, prior to a man's discharge from the Army and referral to the Veterans' Administration Hospital, his relatives should inquire as to what procedure to follow that will obtain the man's release; which indicates, in our opinion, that the Veterans' Administration and the Army should get together on just what information is going to be handed out, because we think if a patient actually needs hospitalization, it is wrong to advise his relatives as to how to go about getting his release before he has any treatment.

Aside from that our report—our investigation runs similar to—

The CHAIRMAN. You may submit the report on it.

Mr. COHN. Yes.

Mr. McQUEEN. What is the complaint in your report on Danville?

Mr. COHN. They have complained on the recreational facilities being crowded.

The only recommendation we have is an increase of staff and an additional 350 beds.

Dr. BAGGS. Mr. Chairman, I would like to comment on a recommendation or suggestion. If you have an out-patient clinic I concur in that with all these hospitals. I concur with it in all NP hospitals.

If we have an out-patient service connected with the veterans' hospital, it would save a great many beds for patients who do need hospitalization.

It would also prevent a great many of these cases becoming chronic neuropsychiatric and neuropsychotic.

The CHAIRMAN. Go ahead.

Mr. BAGGS. Of course, the out-patient—the nonservice-connected veterans are not entitled to the out-patient treatment. The service-connected veteran is.



But that might be remedied. You will save beds if those two conditions are looked after.

In regard to your criticism of the Army supplying that information, that is routine. I have seen that regulation from the Army. That is a matter of instruction as to what the family can do under certain circumstances, whether they want to accept the patients direct from the Army, or whether they want to have them go into the Veterans' Administration, or whether they are perfectly willing to accept them in their own home.

That is a routine matter. It is confusing at times. We have had comments on that same confusion.

The CHAIRMAN. Doctor, if the Veterans' Administration were familiarized—were permitted to use the local clinic, do you think it would save crowding in these hospitals?

Dr. BAGGS. Do you mean the mental hygiene clinics?

The CHAIRMAN. Yes.

Mr. BAGGS. Yes, sir. The answer to that is "Yes."

The CHAIRMAN. Well, do you think the same thing would apply to the physical and the other clinics, also?

Dr. BAGGS. The municipal out-patient clinics of hospitals are always tremendously overcrowded and we will all agree that the veteran does not like to go to hospitals, be in an outside hospital, or be in a crowded out-patient clinic. They do not consider that they are getting their own special treatment. They have an attitude of mind which is their own. I have been familiar with that more than 25 years, and am one myself, and they did not like that outside clinic. Regarding the mental hygiene clinic, I think that would be acceptable. In fact, that has been recommended by the mental hygiene clinic association in New York, and I think that is being considered by the Veterans' Administration now. I do not know how favorably.

Mr. MATHES. At that point, Mr. Chairman, I am informed, I think maybe by Dr. Griffith, that very little progress has been made with these mental hygiene clinics because they are overloaded and short on personnel themselves at this time.

Mr. COHN. Mr. Chairman, may I answer in reply to your question, most of the clinics and out-patient hospitals as we know them in various communities are provided for more or less for the indigent patient. The average patient who can afford it gets a private physician or a home call.

Now, as you know we have stated on many occasions, we do not want to pauperize veterans or have the men classified as paupers, and if there is any treatment to be provided we think it is a responsibility of the Veterans' Administration and the Veterans' Administration should get into it and do it.

It is being practiced successfully by the Veterans' Administration in some States, but it is impossible to get professional help on a part-time basis, even a part-time out-patient clinic run by the Veterans' Administration for veterans would be better than no help—no out-patient clinic at all.

We grant that there is a very definite shortage of experienced medical men to be made available to the psychiatric profession. We know that there is a shortage.

The CHAIRMAN. Thank you, Mr. Cohn.

Mr. Jones, the VFW, do you concur in that?

Mr. JONES. I do.

The CHAIRMAN. And do you have his report here?

Mr. JONES. No.

(See report at end of day's hearing.)

The CHAIRMAN. All right.

Dr. BAGGS. Downey, Ill.: 2,050.

Mr. KRAABEL. Downey's population as of May 31, 1945, 1,926.

Mr. McQUEEN. Well, we have what beds they have.

Mr. KRAABEL. That is crowding the 10-percent margin.

Dr. BAGGS (reading):

No general or specific complaints.

Feel many of the restrictions and regulations could be safely eliminated thus permitting more latitude in the administration of the hospital in handling purely administrative and personnel problems. Too many matters have to be referred to the central office for approval which frequently cause delay.

My own comments on this is that I concur in it 100 percent.

Recreational facilities are not large enough; the canteen is entirely inadequate, has a very poor lay-out, and the appearance is very depressing. The merchandise is all over the floor. It occupies a space of not more than 20 by 20, and can accommodate about eight patients at a time at the lunch counter. The clinical building arrangement is not good, as it was originally constructed for a hospital of 850 beds, and is wholly inadequate for the present need.

The hospital has no outside transportation and is a distance of three or four blocks from interurban and steam road connections and approximately five blocks from streetcar connections. In rainy and cold weather this is a hardship.

The receiving wards are too crowded, and the intensive treatment building is also too crowded.

We recommend 500 additional beds for Downey Hospital.

This is a lot of detail here.

A recreational building, including gym accommodations, should be provided for both patients and personnel. A new intensive treatment building and receiving ward should also be provided.

Medical and clerical help should be provided for the wards. A new chapel has been requested and should be provided for this facility.

Dr. Goode and his staff are constantly on the alert for routine complaints which are always promptly investigated and corrected by administrative action.

Standards of treatment in this hospital is much above the level of State, county, and municipal institutions caring for the same type of patients.

Food is better, and the ratio of personnel per patient is much higher.

The staff and the management feel that they do have sufficient authority to administer adequate medical treatment within the hospital. They do not believe they are handicapped in administering medical treatment.

Clinical staff meetings are held once a week. The entire staff and heads of the various departments hold a must conference once each month. Doctors are encouraged to attend lectures every 2 weeks at Great Lakes or Fort Sheridan.

No complaints were discovered regarding the food, and Dr. Goode advises he is having no trouble in procuring the proper quantity and quality.

Any complaints of abuse or neglect of patients are promptly investigated by the staff and disciplinary action taken.

Even complaints resulting from fights among patients are given prompt attention and are also investigated.

Cleanliness and neatness in the buildings and on the grounds very good.

Even the older buildings show constant care and attention.

No complaints were found among the hospital personnel at this hospital.

Proper instructions and information regarding the veterans' physical condition and advice as to further treatment are given to the families, and the families are advised that further information will be given to the family direct upon request and written authority.

Mr. McQUEEN. Has the DAV now any additional recommendations or complaints?

Mr. COHN. I would like to point out here is an instance of cooperation between the three veterans' organizations. This investigation was made jointly by the three organizations and our reports run practically identical to the report just read, but I would like to make an observation, Mr. Chairman, that I am sure you and the committee will be interested in.

In the month of March 32 percent were discharged against medical advice.

Relatives are being advised by military authorities that the serviceman is being sent to the institution and that his release may be effected by their applying for his discharge.

In some instances, relatives arrive and ask for discharge before the patient arrives at the hospital.

I am very critical of any system that would advise parents to ask for the release of a man without first instructing those parents as to the maximum benefits that a man can obtain and without first asking for medical advice.

Mr. CUNNINGHAM. Mr. Cohn, who is giving the advice?

Mr. COHN. The Army. It says here—I would like to repeat if I may:

Relatives are being notified by military authorities that the servicemen are being sent to this institution and that their release may be effected by their applying for their discharge.

In some instances relatives arrive at the hospital before the patient arrives at the hospital.

Mr. CUNNINGHAM. That is discharge from the Army, not from the hospital, is it not?

Mr. COHN. No; the parents arrive at the hospital asking for discharge of the veteran before the veteran even arrives at the hospital.

Mr. CUNNINGHAM. Why do they go to the hospital, if they are discharged from the Army? I do not get the sense of it.

Mr. COHN. There is a—

Mr. MATHES. I can clear it up.

Mr. CUNNINGHAM. All right.

Mr. MATHES. The difficulty that the gentleman refers to is one that is recognized and is inherent in the situation.

When the Army concludes that a man needs to be hospitalized for neuropsychiatric conditions, they do not discharge him at the camp but they send him to the veterans' hospital, ordinarily with an attendant. He is then discharged from the Army to the veterans' hospital.

Mr. CUNNINGHAM. That is the point I am making.

Mr. MATHES. He is in this realm. He instantaneously goes in as a patient of the Veterans' Administration.

Then necessarily not having been committed by any court and military control having terminated he is, as a matter of law, permitted to walk out if he wants to.

Mr. CUNNINGHAM. He has not been admitted to the hospital yet.

Mr. MATHES. Well, if admitted. Not committed. Now, the reason I understand—I am just stating the facts in this thing—the obvious conclusion that the man's folks would reach is, Now the Army has turned him loose; now what right has the Government to lock him up?



Now, the Army believes it is better to hospitalize the patients and the evil does exist as a result of that.

Mr. CUNNINGHAM. Well—

Mr. COHN. My recommendation merely on this subject is that it would be much better for the families to have these men and much better for the men if the Veterans' Administration would get together with the military authorities and clarify the procedure and have the procedure become publicly known, so there would be no confusion.

No. 27 of this report, it says here:

No advance in medical treatment is given here—

I assume that means other institutions.

Mr. McQUEEN. Has the VFW anything additional?

Mr. JONES. The only thing additional we have, Mr. McQueen, is we recommend an additional building for females and the construction of a chapel.

Mr. McQUEEN. That is Downey, now.

Mr. JONES. That is Downey.

Mr. KRAABEL. Mr. Chairman, may I advise at that point that the construction program published on May 30 by the Veterans' Administration carries an addition for Downey of 174 beds for women?

Dr. BAGGS. Hines, Ill.

Mr. McQUEEN. Wait a minute. I have your report here.

Dr. BAGGS. That is right. This is a corrected report.

The CHAIRMAN. What is the capacity?

Dr. BAGGS. 1,993; population, 1,703.

The CHAIRMAN. So they have 290 vacancies.

Dr. BAGGS. This is a rather large hospital and it has a diagnostic center and a tumor—as well, tumor and cancer.

There are some very complimentary remarks here. The complaints are very mild.

They do recommend, and I notice other hospitals do, that they get more attractive and comfortable lounging pajamas.

It seems they run through—this is a detail, but it is a very important one for the men.

They have a very good set of pajamas out at Walter Reed; they look very well, and I presume that they could get the same type of pajama in these other hospitals.

Now, for general comments [reading]:

We are fortunate in having the caliber of the staff which exists under Dr. Beck, chief medical officer and clinical director.

Mr. KRAABEL. Mr. Beck is the manager?

Dr. BAGGS. Yes. [Reading:]

Complaints are investigated as they arise and are called to the attention of the management.

It is believed the standards of treatment in the Hines facility is much bigger and higher than it is in any State, county, or municipal institution in this area and compares favorably with any civil hospital in the same area.

The staff at Hines does not complain of restrictions and regulations and our impression was that what restrictions and regulations do exist do not actually interfere with good medicine.

This hospital is fortunate in having one of the best dietitians in the Veterans' Administration. The appearance of the kitchens and the help in these kitchens is very good.

The complaint of the food is very seldom heard among the patients.

The hospital appeared to be very clean and neat and the grounds are in good condition.

The patients appear to be universally pleased with the service they are receiving and the morale is good.

Wards do not appear to be crowded.

The discipline and morale of the hospital personnel appear to be very good.

We find that the discharge board and the ward doctors are using good medical judgment in counseling with the veterans on the matters of future treatment and explaining the type of disability from which the patient is suffering. This matter has to be handled individually and good common sense must be used by the doctors. The patients are always advised that a copy of their medical record and treatment recommendations will be furnished to their family doctors upon written authority and request.

As I have stated before, sir, that kind of thing is generally universal in all hospitals, that among doctors in general.

There is one other in here:

The consulting staff at the Hines Facility consists of 17 outside doctors, the very best available in the Chicago area in their own line of medicine.

I would like to make a personal comment on that myself; one of the great disadvantages of the veterans' hospital is that most of them need a good consulting staff. In other words, the visiting doctors.

Mount Alto has a staff—I was out there and it was a great pleasure at that time to meet with these consulting doctors from Johns Hopkins and the locality.

Hines have a medical consulting staff and it would be better if other hospitals had the same.

Mr. McQUEEN. Has DAV any comment.

Mr. COHN. I would like to point out there are 400 patients now on the waiting list at this hospital, and I think that it might be well to get into the record that the Hines Facility has diagnostic center services and services some 13 or 14 other States, does it not. How many?

Mr. RICE. The diagnostic center services about 18 States.

Mr. COHN. The diagnostic center serves about one-third of the States in the Union, and that might account for a waiting list of 400.

Dr. BAGGS. Yes; but there is one other paragraph I think should be read in connection with that. [Reading:]

When the additional 600 beds for the cancer center have been completed, it is believed that no additional beds should be recommended for Hines. It is assumed that the 2,000 beds now at the Vaughan General Hospital will eventually be turned over to Hines.

The waiting list there is probably because it is a diagnostic center. You will have to take——

The CHAIRMAN. Doctor, that hospital is really very large, is it not?

Dr. BAGGS. It is very big.

The CHAIRMAN. My recollection is, it is the second largest in the country, a second Sawtelle.

Dr. BAGGS. It is one of the large hospitals.

The CHAIRMAN. Instead of expanding it, it seems to me we should have these facilities elsewhere.

Dr. BAGGS. Well, Mr. Chairman, that is being developed into a research center, a medical center, as is indicated by the tumor clinic that is out there, and cancer.

That is where all of the cancers of the Veterans' Administration and the tumors are sent for complete diagnostic treatment and research if needed.

The CHAIRMAN. Do you consider that one of the best cancer clinics in the country?

Dr. BAGGS. I should say that it ranked very favorably with the other cancer clinics.

Do you remember—we don't know much about cancer.

The CHAIRMAN. I realize that.

Dr. BAGGS. And I think, sir, that we would be justified in saying that the tumor clinic and cancer clinic of Hines ranks well with civilian and other cancer hospitals.

Mr. COHN. Mr. Chairman, that is one of those situations where there is a very great demand to segregate the regional office from the hospital because the center of population is for centers around the city of Chicago itself. I am speaking of veterans' population.

And it does work a hardship for a man to travel back and forth all the way out to Hines. And the same implies to the out-patient clinic. The out-patient clinic should be located in the city of Chicago and not way out at Hines.

Dr. BAGGS. We concur in that.

The CHAIRMAN. I have never been very strong for combining the regional offices with hospitals. I think that is where we make a mistake in some instances.

Mr. COHN. Well, this is an outstanding one.

Mr. MATHES. Well, that has been partly moved downtown already and I think it is a question of getting facilities.

Mr. ODOM. It is a question of getting space. When we can get space, we will move them.

The CHAIRMAN. Even in these hospitals in California and elsewhere where the hospital was overgrown, yet they had these regional offices, and it just occurred to me that the old system was best where we had the regional office in one place and the hospital in another.

Mr. JONES. This facility is operated in the hospital and is sufficiently manned. However, because of the volume of business it would seem to indicate that out-patient service for claim purposes should be separated from the hospital and moved to a more central location, preferably the city of Chicago, with out-patient service for psychiatric cases. That is about it.

Dr. BAGGS. That is the general proposition.

Mr. ODOM. The move to Chicago will involve the setting up of a complete clinic in the Loop district, and that is contingent upon getting space.

Mr. JONES. I may add, Mr. Chairman, I was never in favor of this combined facility proposition. I would like to see the treatment removed as far as possible from the acute cases and the handling of claims.

Dr. BAGGS. I concur.

Mr. COHN. Mr. Chairman, while this report shows this is one of the finest hospitals in the country, yet when the recommendations come along about getting downtown, with the due respect to Mr. Odom's remarks, we have heard this "it is contingent upon getting space" before.

It is peculiar when some people want to go in business in a city they can find space downtown.



In a city like Chicago they might not find the best type of space, but space could be found, and quickly.

Our organization does not agree with that observation that you cannot find space.

The CHAIRMAN. You could put the regional office at Springfield, the capital, or any other place in the State. You could probably find space there.

Mr. COHN. I was referring in this instance to the out-patient clinic.

The CHAIRMAN. I thought he was speaking of the regional office.

Mr. COHN. It applies either way. It would not necessarily have to be contiguous to the hospital.

But, not wanting to be critical, but willing to be cooperative, I am sure that if the desire was there as keenly as it has been expressed, and if they put on the heat, they could go over to the city of Chicago and find the space.

And the same thing applies to New York City.

The CHAIRMAN. The Veterans' Administration have not had the benefit of those priorities that the War Department and Navy Department have.

Mr. COHN. Well, they do not have any emergency situation in Chicago or New York. If you have the money you can rent the space.

The CHAIRMAN. It is not necessary to place the regional office in Chicago. It can be placed at Springfield or Cairo.

Mr. RICE. Mr. Chairman, may I say it would be an inconvenience if you moved it out of the area of the veterans' population itself. It might be quite inconvenient at Springfield.

The CHAIRMAN. I know these other State hospitals are at Springfield.

Mr. RICE. Well, when a man goes in for adjudication he wants to have the opportunity of going in before a rating board.

The CHAIRMAN. It will be convenient to these other hospitals.

Mr. RICE. You want it convenient to the man in the area to be serviced.

Mr. ODOM. Mr. Chairman, there will be at least two regional offices or more in the State of Illinois before long. When the time comes we are prepared to give the committee the facts—not opinions.

The CHAIRMAN. All right.

Mr. COHN. I do not want to extend this debate because facts and opinions sometimes meet, too.

Mr. McQUEEN. Do you want to put in the VFW report?

Mr. JONES. Yes.

(See report at end of day's hearing.)

Mr. KRAABEL. The facility at Hines started the first research on radium in that malignant disease.

The CHAIRMAN. I have been in Hines Hospital several times and I am not a medical man, but I was very much gratified with the progress they were making, especially with this cancer clinic.

I went all through the hospital, and, from a layman's standpoint, I could not find anything wrong with Hines.

As I said, I am a Representative—I was with Representative Reed who was still in Congress and who lived in Chicago.

Mr. KRAABEL. Marion, Ill.: 214 beds; population May 21, 171.

The CHAIRMAN. Forty-two vacancies.

Mr. KRAABEL (reading):

No general or specific complaints.

Objects to delay in obtaining relatives' permission when a spinal puncture is needed by an unconscious patient. This sometimes requires several days.

Canteen services satisfactory with the exception of cigarettes; the supply inadequate.

In some cases M. D.'s are dissatisfied with the housing in Marion; would recommend officers' quarters be built on reservation.

Four hundred additional general medical beds at once recommended. Study should be made of the number of World War III veterans from the area served so that sufficient beds would be available as the load will increase.

Department of Rehabilitation Commission has also recommended 1,000 convalescent care beds. Would recommend that clerical help be given to doctors and nurses.

The CHAIRMAN. Was that a soldiers' home prior to——

Mr. KRAABEL. No.

The CHAIRMAN. Is that the only general medical and surgical hospital in Indiana?

Mr. KRAABEL. No, Hines is the other one. This is Illinois.

The CHAIRMAN. Oh, this is Illinois. Well, we are going to have to go answer that roll call. Do you care to proceed?

Mr. McQUEEN. Whatever the committee decides.

The CHAIRMAN. We had better suspend about 20 minutes, and when the committee comes back, we will call them to order and proceed.

(Followed a short recess.)

(Mr. Peterson assumes the chair.)

Mr. PETERSON. You may proceed now.

Mr. KRAABEL. Mr. Chairman, proceeding on Marion. The recently announced construction program of the Veterans' Administration places 319 beds scheduled for this facility as an increase. There is one objection raised by the medical personnel to the delay in obtaining relatives' permission when a spinal puncture is needed by an unconscious patient. This sometimes requires several days.

This procedure in the Veterans' Administration is a matter of precaution on their part, and the family of the veteran, and sometimes that precaution clashes with the opinion of the medical man as to the immediate need for this decision.

Mr. McQUEEN. Has the VFW anything to add?

Mr. JONES. We have the same complaint on the spinal puncture. The only difference here is our report shows overcrowding in that hospital but it also shows there is a capacity of 214 beds and there are 119 patients.

But it states it was originally built for 161 patients.

That is, the man making our report says it was originally built for 160.

Mr. McQUEEN. In other words, you concur that it is a well-run hospital?

Mr. JONES. Yes, sir.

Mr. McQUEEN. Has the DAV anything on Marion, Ill.?

Mr. COHN. Yes, in addition to concurrence in the excellence of this particular hospital, we recommend a tubercular hospital with separate buildings for women sections be erected.

Also we say sufficient attendants are not available at the present.

We recommend a medical pool of specialists to interest medical personnel to obtain postgraduate courses, and for those on extended sick leave.

Mr. McQUEEN. Is that for all hospitals, or just this particular hospital?

Mr. COHN. This particular hospital, and I am reciting the recommendation of the committee. It is not my personal recommendation, although I concur. It is also recommended that the war plants—I presume it means close to this facility—at the close of the present conflict be converted into convalescent homes and/or domiciliary institutions.

Apparently, they have some very large war plants in the vicinity of this facility which will be vacated at the end of the war.

Mr. PETERSON. Anything further, Mr. Cohn?

Mr. COHN. That is all. Thank you.

Mr. McQUEEN. Is that all?

Mr. KRAABEL. Leaving that, we have general comments which, with the consent of the committee, we will place in the record. That is, a general summary of Illinois.

Mr. PETERSON. That may be submitted.

(The summary referred to is as follows:)

THE AMERICAN LEGION,  
NATIONAL REHABILITATION COMMITTEE,  
Washington 6, D. C.

#### GENERAL SUMMARY FOR ILLINOIS

The following recommendations are submitted:

Trained clerical ward personnel should be assigned to the hospital wards to relieve the doctors and nurses of a great deal of paper work which is now required of them.

Delegation of more authority to the local manager for hiring classified personnel and elimination of some of the minor restrictions which are now termed administrative inconveniences.

A better and more attractive type of lounging pajamas for convalescing patients would greatly help the morale of the patients.

Increased and enlarged recreational facilities which must be provided because of the younger class of patients now being accepted in all types of facilities, outdoor physical recreational facilities are needed.

A recommendation that the Department Rehabilitation Commission for Illinois include the following additional beds: Downey, 500; Dwight, 200; Danville, 500; Marion, 300 hospital beds and 1,000 domiciliary beds; Hines, none (cancer center already authorized to include 600 additional beds).

Mr. KRAABEL. Indianapolis. Authorized beds 345. Two hundred and seventy-one receiving care as of May 31 at that facility.

Mr. Counsel and Mr. Chairman, at this point, our report on Dwight, Ill., has not come in, so I defer if you want those from the other two.

Mr. McQUEEN. You have something on Dwight, Ill.?

Mr. JONES. This is a general hospital; 196 beds and 104 additional beds have been authorized.

There are no particular complaints and no recommendations other than the construction of a decent home for nurses, and that the transportation is inadequate.

Mr. McQUEEN. That is, for this particular hospital?

Mr. JONES. This is for Dwight.

Mr. McQUEEN. Dwight; yes.

(Mr. Rankin resumes the chair.)

Mr. JONES. I am finished on Dwight.

Mr. McQUEEN. Do you have anything on Dwight, Ill.?

Mr. COHN. Yes. A few minor matters here.



It states here the transportation is good by way of busses and trains but cannot obtain drawing rooms for ambulance cases on trains.

That probably means litter cases on trains.

I think perhaps if they worked through the Veterans' Administration, priority could be obtained.

Recommendations for this particular hospital also are that they have segregation for the tubercular patients.

At this hospital there are 6 medical men, 160 patients. They have no outside consultants because none are available in the area.

Quarters for employees and families are badly needed.

I would like to add, however, that an additional building is being built to increase the bed capacity from 225 to 300. That should be completed shortly.

That is all on Dwight.

Mr. McQUEEN. Now, will you go ahead with Indiana?

Mr. KRAABEL (reading):

Too much delay in admitting and admitting and putting to bed ambulance cases.

Some complaints of discourtesy toward veterans by doctors. The hospital is terribly understaffed. Other Government agencies such as war plants are taking employees because of higher wages.

The manager and medical officer need more latitude for direct action in keeping with good judgment and cumbersome machinery should be simplified by elimination of red tape.

Simplification permitting management of facility to exercise common sense in many minor matters is needed. Comptroller audits regulations too rigid. Suggest General Hines hold meetings of administrators of facilities at intervals in Washington for exchange of ideas and simplification of rules.

Latitude exists and sufficient authority for hiring nurses, doctors, and attendants. Quality obtained very poor. Salaries disgracefully low. Transfer obtained very poor. Transfer system is very poor of unloading undesirable doctors on another facility. Hospital understaffed throughout. War industries and other business offer better pay. Hours long, work hard, pay low.

Too much time between the time the food cart leaves the kitchen and when the tray is delivered on the patient's bed. Food delivered cool or cold. This is due to incompetent help because of pay restrictions.

Relative to any specific cases of alleged abuse or neglect of patients; patients refused admission but later upon request of Legion, reexamined and admitted, and in one case the patient died within 12 hours.

Recreational facilities not adequate. In bed-ridden wards the recreational facilities program seems to be limited in scope, seems to be routine, and that the occupational therapist, Miss Butts, is too intent on her own theories and not those of the patients, especially the bed-ridden patients. There is no recreational attention being paid to bed patients.

Transportation facilities to and from the hospital are not adequate. There is no direct service from the city to the hospital. Have to transfer and wait 20 to 30 minutes for the hospital bus.

The contact service is not considered satisfactory and adequate. Contact men are inexperienced and need more direct guidance and supervision.

Far too many patients for the physicians, surgeons, nurses, and attendants. Again understaffed.

There are complaints on the part of the patients regarding the lack of information given them as to their physical condition and advice as to future treatment upon being discharged from the hospital, recommend a certain period of each day for conference between the patients and ward superior or the chief medical officer where it is desirable.

That is all for Indianapolis.

Mr. McQUEEN. Now, the DAV?

Mr. COHN. The DAV's report runs much in accord with the Legion's report on the facility in Indianapolis, with a special—we also recom-

mend that the ward doctor give a minimum of 1 hour a day in his office.

That is a ward office, so that the patients can have personal contact with him.

That seems to be a prevalent complaint all the way through in veterans' facilities, that they cannot personally talk with the doctor their ailments or their condition.

Now, we all know as individuals, when we are ill, we want to be told, we want to know—if there is some definite reason we cannot be told, that is different. I know many of the families of men I come in contact with cannot find out, themselves, what is wrong with the man in the hospital.

There again there might be certain cases where it is not practical to tell him, but in the majority of cases, we feel that the family or the patient himself is entitled to the information, and he cannot get it, and we feel that if the ward doctor would give even a limited degree of personal consultation, it might go a long way.

Mr. McQUEEN. Do you think that is accounted for a good deal by the general shortage of doctors?

Mr. COHN. That may be a good answer right now, but the condition was also prevalent before the war.

There is also, in my opinion—and I am speaking now my opinion and not that of the investigator—but from the information, it seems to be the rule in veterans' hospitals that you do not get too much information about yourself.

Now, I am of the opinion that the patients should get what they want.

If the patient wants it laid on the table by the doctor, he ought to give it to him, whether it is his private doctor, or the Veterans' Administration doctor.

Mr. CUNNINGHAM. What is your report on the hospital as to the treatment of patients?

Mr. COHN. Very good.

Mr. CUNNINGHAM. The reason I ask it is that I have a very serious complaint; it came through Congressman Harness, of Indiana, on that hospital. Just the one is all I have.

Mr. KRAABEL. I read that, Mr. Cunningham. I think it must refer to it, but it does not name the case. It is relative to abuse and neglect of patients.

Is that the one you had reference to?

Mr. CUNNINGHAM. Yes.

Mr. KRAABEL (reading):

Patients refused admission, but later, upon request of Legion, reexamined and admitted, and in one case patient died within 12 hours.

Mr. CUNNINGHAM. That is the one.

Mr. KRAABEL. That is all we have on that.

Mr. McQUEEN. Does the VFW have anything on that?

Mr. JONES. Our report is practically the same as the Legion report, with the exception that the person making the report states they have two complaints covering the treatment.

He does not name the patients, however.

Mr. ALLEN. Mr. Chairman, I would like to ask a question of Commander Cohn.

Is it the general practice in veterans' facilities not to tell the patients much about their condition, or is that the exception to the rule?

Mr. COHN. Well, in most cases, a man likes to know what he goes into a hospital for, and once he is in a hospital, if it is found there are ailments which have been affecting him, in many cases, in my experience, a man has had difficulty in finding out what is wrong with him, and what is proposed to be done with him, as to what treatment is to be given, and the family themselves are given little information. That has been the cause of general dissatisfaction.

In other words, if I were hospitalized tomorrow, I should think that if I would say to the doctor, "Now, Doc,"—after a reasonable length of time of looking me over, I say—"I want to know what is wrong."

And if, in the opinion of the medical man I should not know, my family should know it.

Now, I did allow that in certain types of cases it is not practical to tell the patient or his family what the ailment is, but in most of the cases I think the patient or his family should be allowed to know what is wrong, what the treatment proposed is, and so forth. There should be a little more information given the patient.

Mr. McQUEEN. Do you want to put in the VFW report?

Mr. JONES. Yes.

(See report at end of day's hearing.)

Mr. ALLEN. I agree with that view. The patient is the most interested. He among all should know what the condition is.

Mr. COHN. But there is a hesitancy in the Veterans' Administration to giving him, generally, that information. Now, I wonder whether that is because they are working in a huge organization, not working exactly like a private physician would.

I do not know the reason, but I know the result.

Mr. ALLEN. What you are saying, Commander, is this, that the relationship between the patient in the hospital and the doctor in the hospital ought to be more nearly like the relationship between the family doctor and the patient.

Mr. COHN. Exactly.

Mr. ALLEN. In other words, they ought to sit down and talk the thing out.

Mr. COHN. If you will pardon me for taking this time out, I would like to say that one of the finest things that could be done in veterans' hospitals from here on out—and let us finish what has been done—is to create a very friendly feeling between the staff and the patients; and if that is done I am sure everybody is going to be a lot happier.

It is too late now to consider that this is a "cold turkey" proposition. "Well, these are veterans."

You cannot take that attitude any more. They will not stand for it.

Mr. CUNNINGHAM. If they are going to die, do you think they ought to be told?

Mr. COHN. Well, there is one of those cases. Maybe the family should know it.

Personally, if I am going to cash in my checks I would like to know it. There might be something I want to do.

Mr. CUNNINGHAM. There might be something you want to do?

Mr. COHN. Yes.



Mr. RICE. Of course, many private doctors do not like to tell the patient, either, but I think there is good reason for it. Too many men do not know what disabilities they are getting compensation for, and that is one of the reasons why the DAV recommended that the law ought to be so simplified as to give out-patient treatment to any compensated or disabled service-connected veteran, so if he has a compensatory disability he may go to the out-patient department and get whatever treatment he may need for any disability, and also go to the hospital for the treatment of any disability.

That would probably obviate the necessity of these men going into the hospital for nonservice disability.

Moreover, it seems to me probably one of the fundamental reasons doctors do not spend considerable time with patients to tell them what their disabilities are and what treatment they ought to take and how they ought to take care of themselves, probably goes to the fact that the doctor had to spend so much time in recording medical histories, in pencil pushing, in other words, that on a production basis he does not get the opportunity to spend too much time with you.

Now, if the doctors could be relieved of that paper work of being medical historians, and if the nurses could have nurses' aides to relieve them of some of the paper work that is necessary, of course then both the doctors and nurses who are professional people could spend more time in diagnostic and treatment work.

Doctors too loaded down with paper work cannot spend very much time in actual medical practice for their patients.

Mrs. ROGERS. Mr. Chairman, is it not true, also, that the matter of compensation may enter into the facts that the doctors do not talk about it? It would help a man if a man would know very early.

Mr. RICE. From the standpoint of service connection, frequently because the doctor has not taken time to put down on the record everything a man complained of, then subsequently the rating board will comment that he failed to complain of this or that, and that makes it much more difficult.

Mrs. ROGERS. On the outside I think most doctors tell their patients they are not going to live, for fear they will be blamed later on.

Mr. RICE. Yes.

Mr. AUCHINCLOSS. May I ask a question?

(Mr. Peterson assumes the chair.)

Mr. PETERSON. Yes.

Mr. AUCHINCLOSS. I want to know if you think the reluctance is because the doctor does not know, himself.

Mr. RICE. That is possible, too.

Mr. AUCHINCLOSS. I would like to have you answer on that because I think it is a pertinent question, the caliber of the doctors.

Mr. RICE. I think there are many instances where that is true.

Mr. COHN. I believe that if a doctor has a patient under observation and has not been able to determine a diagnosis, I think it is only fair then that the doctor should tell the patient, "Well, you are just going to have to bide the time until we find out what is wrong with you."

Mr. AUCHINCLOSS. I agree with you, but I am trying to find out the reason. Maybe the doctors themselves do not know, due to incompetence.

Mr. COHN. There are occasions where a doctor does not know, and of course he cannot, but then, if he cannot tell, what we do not like is the idea of a patient wanting to know what is wrong and the doctor is too busy and does not have the time, and moves on to another bed.

Mr. AUCHINCLOSS. Can you advance an opinion as to whether they are competent to tell?

Mr. COHN. A personal opinion?

Mr. AUCHINCLOSS. From your organization.

Mr. COHN. Well, my personal observation over 25 years is that in the main the Veterans' Administration doctors are very competent.

Mr. AUCHINCLOSS. That is good to bring out. Do you think so? You did not seem to think so at first?

Mr. RICE. I think many of them are not competent, but I think that is true of private doctors.

Mr. COHN. We are not talking about those who are not.

Mr. RICE. We are talking both ways.

Mr. JONES. Mr. Chairman, may I make an observation on that line? The medical officer is the only person in the hospital who has authority by the regulations to tell the patient what is wrong?

Mr. PETERSON. Is there anyone here who can answer that question for Dr. Griffith?

Mr. ODOM. I think that is correct.

Mr. JONES. I wanted to make another observation there.

It has to do with leaving the hospital against medical advice.

Many times a patient comes into the receiving ward and it is necessary that he be given clinical examination and he is around there for several days, and he is not getting any particular attention and he becomes restless and walks out of the hospital.

Now, quite some time ago I discussed that particular question with Dr. Griffith, and the doctor turned me over to Dr. Wood, and we prepared two articles for publication along that particular line.

The thought we had in mind was that the physician or someone should sit down with that patient when he comes in and tell him of the necessity of going through and checking all of these clinical examinations, X-rays, blood count, and so forth, before he is transferred to the ward area, in order that the physician may know what to start treating him for.

I might say after the publication of this article in our—in the Veterans of Foreign Wars magazine—that I had scores of letters from the service officers in the various organizations saying that it was a splendid idea.

Now, I think that the Veterans' Administration can correct that considerably if they would put someone in to sit down to talk with the patient. It does not necessarily have to be a doctor. It could be a nurse or a nurse's aide. It is just common sense.

Mr. HUBER. Is it not true that in many cases a patient should not be advised as to his exact physical condition?

Mr. JONES. I think that is up to the physician, judgment of the physician, in some instances. But it seems to me they might—as far as the regulations are concerned, they might permit the individual ward surgeon to do that without having to go to the chief medical officer.

Mr. HUBER. Is it not true that if you tell the patient his condition is hopeless, then you have a difficult patient to treat from there on out?

Mr. JONES. That may be true. Personally I would rather have a doctor tell me the truth.

Mr. HUBER. I had a doctor tell me he had a case where he became a very difficult patient, knowing he had no hope of recovery.

Mr. JONES. I think that is something the physician should use his judgment on.

Mr. ALLEN. Mr. Chairman?

Mr. PETERSON. Mr. Allen.

Mr. ALLEN. I am somewhat surprised at the fact that only the medical director in a hospital has the authority to tell a patient what the condition is.

You take a hospital with 800 or a thousand patients; it means a lot of them in there would never in the world find out.

I do not know a thing about medicine, but it seems to me it is patent on the face of things if only one man in the whole outfit has authority to tell Bill Brown that he has this disease or that disease—well, it sounds awfully peculiar to me.

Mr. COHN. Mr. Allen, it goes a little further than just the diagnosis. There are other things the family need to know. Say he has a wife and four or five children and they are depending on his weekly salary with a very small cushion behind them of savings.

Now, what led me to this in the first place is that very often the family want to know the information, not necessarily from a diagnostic standpoint.

In many of the cases it is not practical to tell the patient or family what the actual condition is, but there is personal information that these patients and their families need that they cannot get because of this regulation requiring them to see the chief medical officer. Everything is hushed down to that point. And it is just impossible for the woman to wait around. Sometimes she has to travel 8 or 10 hours to get out to the hospital.

They should be able to get the kind of advice they want, and it should be from the ward doctor, the man who is actually treating this patient rather than the man who is supervising it.

Mr. McQUEEN. Mr. Chairman, may I make this observation, that all these things are covered in the general statements from the three organizations.

It seems to me we are going right back over the same things we put in the record yesterday.

Mr. COHN. Except to put emphasis on certain conditions in certain hospitals.

Mr. SCRIVNER. Mr. Chairman, I move we go on.

Mr. PETERSON. Let us go on.

Dr. BAGGS. Marion, Ind., 2,015. [Reading:]

As to general and specific complaints very few isolated cases.

No cases of consequence for better than 2 years.

There are undue restrictions and regulations under which the chief medical officer and clinical director must function.

Entirely too much detail required from doctors and nurses which is deemed unnecessary and should be done by nonprofessional labor.

No time for research, and so forth, due to lack of personnel.

Canteen set-up is unsatisfactory at present; recommendations have now been made for more suitable quarters.



Patients are too crowded; not sufficient floor space per patient.

Should have a new, modern, acute building with at least 165 beds.

Need better and more competent personnel in all departments of the facility which is very difficult to obtain under the present wartime conditions. Employees, attendants, and so forth should receive more pay for the service they are rendering.

#### General comments:

Relative standards of treatment, far superior as compared with the State, county, and municipal institutions in this area.

No complaints as to quality, quantity, variety, and preparation of food, one of the best equipped in the country.

Buildings and grounds are kept in excellent condition at all times.

Discipline and morale of the patients very satisfactory.

Hospital personnel speak very highly of the management.

The facility is managed in a very efficient manner, and the manager and executive officer have a very keen interest in the treatment and welfare of the patients and are doing a wonderful job notwithstanding the fact they are short on doctors, nurses, and employees, which no doubt is a serious handicap.

Mr. McQUEEN. Has the DAV anything on Marion, Ind.?

Mr. COHN. The same.

Mr. JONES. The same, practically.

Mr. McQUEEN. They are practically the same? I am surprised to hear that, because in the DAV report they found unsatisfactory conditions in hospitals, including Marion, Ind.

Mr. JONES. We have here [reading]:

Complaint of overcrowding, lack of waiting rooms for patients, location of canteen fire trap, very high percentage of AMA discharges, in general, 40 percent, mostly because relatives demand the discharge of a man.

I take it those are men that have not been committed by court orders and the relatives demand their discharges and they are discharged.

Mr. McQUEEN. Let me ask this general question, then: When you stated yesterday that there is 47 percent, I believe, of hospitals that were not satisfactory, did that include in that percentage of 47—

Mr. JONES. I did not state anything about percentage. I listed the hospitals there where the conditions were unsatisfactory. I think it is in that.

Mr. McQUEEN. Well, does that include overcrowding? That is the question I want to ask.

Mr. JONES. Complaint of overcrowding.

Mr. McQUEEN. That is one of the complaints.

Mr. JONES. Lack of waiting room for patients, and the location of the canteen a fire trap.

Mr. CARNAHAN. Mr. Chairman, would there be any objection to reading the original reports of the three organizations? That is, read one of the organizations, and then the report on the next one.

That will give a little better picture of what you all have.

Mr. PETERSON. Will the Legion representative read first, then the VFW, and the DAV?

Mr. KRAABEL. We are here at your pleasure, Mr. Chairman, anything you decide.

Mr. PETERSON. You go first this time.

Mr. ODOM. Mr. Chairman.

Mr. PETERSON. Yes.

Mr. ODOM. Several questions were asked about what were the duties of the ward surgeon with respect to advising his patients.

Mr. PETERSON. Yes.

Mr. ODOM. The regulation has this specifically on it; it says [reading]:

It is his duty, using his professional judgment, to impart to the patient such knowledge of his condition as will insure his intelligent cooperation.

Mr. ALLEN. I appreciate that information, of course. I am very glad to have that.

Mr. COHN. As a matter of record, then, our complaint still stands.

Mr. PETERSON. He has the duty.

Mr. COHN. He has it but he does not follow it.

Mr. SCRIVNER. It is a limited authority, of course. All he has to do is tell him enough to get his cooperation.

Dr. BAGGS. Iowa, Des Moines: G. m. s.; 545. [Reading:]

Surprisingly few complaints, and these of trivial nature. The hospital authorities feel that they do not have sufficient authority to run the hospital as efficiently as they might desire. They feel there are intense restrictions and regulations under which they must function; manager and chief medical officer are not given sufficient authority by central office.

That is universal.

The manager should be authorized to employ consultants in individual cases. They are encouraged and supported in research, but must do so at their own expense and on their own time.

Relative to specific cases of alleged abuse and neglect, there have been several instances in the past. This has been due to lack of esprit de corps among the physicians.

Recreational facilities are not adequate.

The medical equipment and clinical arrangements are not satisfactory. They need additional equipment very badly. It is believed that they keep the patients in the hospital too long. This results in men going a. m. a. or a. w. o. l. They are required to remain in receiving wards far too long before treatment of disability for which they are admitted is begun. The patients are too crowded with additional beds that have been placed in the hospital.

Believe we will need double the number of general medical and surgical beds we now have. We will need a ward for female veterans. There are complaints on the part of patients receiving lack of information given them as to their physical condition and advice as to future treatment upon being discharged from the hospital. I believe that when a man goes before such hospital discharge board he should be given complete information if it will not harm him. He should be urged to sign a request to have his private physician furnish full information.

Our general and specific recommendations as to medical treatment and hospital care are that higher types of physicians be obtained if higher salary was paid. Naturally, physicians being detailed to Veterans' Administration by the Army are not the best and are not specialists in any sense of the word. What we needed more in Des Moines at present are trained psychiatrists and neurosurgeons.

I do not believe we should have TB wards in the Des Moines General Medical Hospital. I do believe that the 100-bed Army hospital at Camp Dodge, which is not being used, should be utilized and thus allow our World War II TB men to be cared for close to their families and friends. We very badly need occupational therapy, especially for World War II men.

#### General comment:

Standards of treatment very much better as compared to the State, county, municipal institutions in this area.

Cleanliness and neatness in the buildings and on the grounds very fine.

Discipline and morale of the hospital personnel good.

Recreational facilities adequate.

Canteen service satisfactory.

Mr. KRAABEL. May I add, Mr. Chairman, that the published construction program has 209 additional beds for Des Moines.

Mr. McQUEEN. Has the VFW any additional remarks?

Mr. JONES. We have a report on two Iowa hospitals. This is Des Moines you are covering?

Dr. BAGGS. Yes, sir.

Mr. JONES. Let him go ahead, and I have these two.

Mr. McQUEEN. Does the DAV have any report on Des Moines?

Mr. COHN (reading):

Some patients have complained that their examinations in the clinic and hospital have not been as thorough as prior service examinations, and for some not as thorough as examinations at the USVA before the present war. A few complained because their service examinations, after weeks of hospitalization, and approved laboratory, and X-ray equipment, definitely established diagnoses, and degree of disability, and then the USVA in examinations in the clinic consuming less than a day, claim that these established disabilities could not be found or were only slightly disabling.

May I point out, boiling this down, they are complaining about too rapidly passing through this center.

In one case two Army X-rays established typical bony changes of arthritis and the USVA X-ray department said there was no evidence on their X-ray taken less than a year after the Army determination. We also have some complaints as to the wait between entry into hospital and completion of examination, and too long a wait between completion of the examination and commencement of treatment regime, particularly in surgery and physiotherapy, and a feeling that treatments are limited, and because of this not fully effective as to physiotherapy.

It states here that there are—the question was whether complaints were investigated. [Reading:]

2. No. Except that those responsible have asked the assignment of added professional and technical personnel. Patients do not complain or permit their names to be used in complaints, because of fear of reprisals.

3. In spite of overcrowding and lack of personnel it is believed that the USVA standards are higher than in most public hospitals in this State.

4. No. In the USVA all authorities are contained in detailed regulations and instructions from central office of the USVA, and these must be followed, except where written authorization to vary these instructions is received from that source.

5. They so state.

6. They do have sufficient authority to hire nurses, and attendants, when such help is available, but not as to the hiring of doctors, who usually are assigned by transfer.

7. Apparently the budget or program do not provide for any such program where it might involve the hiring of outsiders to participate, and the staff is too undermanned and too busy to really provide other than a smattering of this.

8. We have had no food complaints.

9. At this hospital we have had no complaints of abuse, but we do have complaints of neglect as outlined in paragraph No. 1.

10. Recreational facilities are not adequate, but we have no complaints on this because most of the patients are acutely ill during hospitalization in this hospital, and there is no extended convalescence in hospital.

11. The only complaints on canteen came from USVA employees, but comparable prices in this city are higher. Patients are given preference, and the patients like the canteen and management. No charges have ever been made for cashing checks or other services.

This is a matter we discuss in some other institutions.

Mr. KEARNEY. That is done away with now.

Mr. COHN (reading):

12. We are not qualified to pass on the equipment, but the arrangements or the hospital clinical section could be enlarged and rearranged to greater advantage.

13. Yes; we again blame this to the fact that this hospital, built for a capacity of 397 patients, now boasts a capacity of 520, without sufficient space or person-



nel to operate efficiently at this capacity. It is believed that a return to original capacity would permit more thorough examinations, a higher standard of care, and a vastly more rapid turn-over of patients, who would leave the institution satisfied. A greater capacity and larger personnel are absolutely essential, but the capacity should not precede new construction, reorganization, and added personnel. We find that this hospital was built during the beginning of economy, and many features desirable for a hospital are left out, such as a basement under the hospital. We believe that many of the patients are kept twice as long as necessary. Other cases because of a lack of personnel are discharged without treatment or incomplete treatment because of lack of personnel.

14. Yes, but as a matter of fact, patients are transferred off of receiving wards before treatment on wards is available.

15. Above the average of other hospitals visited.

16. The economic morale of patients is not good because the pension ratings based on examination reports are toward the minimum rather than the Nation-wide average. The morale as to examinations is not good because of a feeling that examinations in the out-patient clinic are both too rapid and not thorough, and because in the receiving wards examinations are too slow and also not thorough, but otherwise the morale is really good. Discipline is not strict, but there is very little difficulty, and we should say also that it is not lax. It is also the opinion of this committee that some of the personnel both professional and lay, both hospital and regional office, have the attitude that most veterans are "goldbrickers," and we believe that some means should be found to eliminate such personnel.

I think that is a very good point, because here and there over the years we used to run into people in the employ of the Veterans' Administration who took the attitude that everyone who came to their door was looking for something for nothing; whereas, the veterans who come to the Veterans' Administration are looking for something that Congress has declared they should have.

17. No; this hospital is located at the top of a hill. Bus service during the period from 5 a. m. to 11 p. m., except during rush period 7 to 9 a. m. and from 3 to 5 p. m. runs once an hour, and each half hour during the rush. The streetcar to which most new veterans are directed stops at the bottom of the hill, and veterans then hike up the hill, which is not good for men and women who are ill.

18. We do not know what the VFW think of the contact service. We don't think that one USVA contact man at Schick General Hospital is sufficient with 2,200 patients—

that refers to Schick General Hospital—

or that one man at Knoxville USVA Hospital is enough. Too much dependence is made on the American Red Cross for work—

Mr. McQUEEN. Is your report on Des Moines? We are talking on Des Moines.

Mr. COHN. Well, apparently the same man was in on both investigations and he was referring to the fact that we recommend that the contact service be set up, and I can say for the veterans' attention that we know they are setting it up.

Mr. CUNNINGHAM. Do you have any complaint about the regional office being in the veterans' hospital in Des Moines?

Mr. COHN. We believe that all regional offices should be removed—

Mr. CUNNINGHAM. I know you believe that, but do you have any complaints about it?

Mr. COHN. In this particular report—no; I do not believe it contains any report on that particular phase. This dwells more on the medical and the hospital angle and they did not go into the regional office situation at all in this report.

Mr. CUNNINGHAM. Do you have anything about the food, meals, the treatment of the patients, cleanliness?

Mr. COHN. Apparently satisfactory. I will give you exactly what they say, but we have no food complaints. We have no food complaints at this particular hospital.

No complaints of abuse. But we do have complaints of neglect, as outlined in paragraph one. That is, that patients are speeding through clinics, and one thing and another.

I do not think we want to add anything.

This is too lengthy. I just pick out some things in here.

Mr. McQUEEN. Have you anything more on Knoxville? He wanted a report over all.

Mr. KRAABEL. Let him read Knoxville.

Mr. McQUEEN. What have you on Knoxville for the VFW?

Mr. JONES. My report is confined to Des Moines and Knoxville. Let him finish Knoxville and I will give mine, too.

Mr. KRAABEL. Knoxville: 1,940 authorized beds; population 1,578. [Reading:]

No general or specific complaints. Just minor and general run as would apply to NP facility.

Hospital authorities feel there are intense restrictions and regulations under which they must function; especially as to spinal punctures where there are no relatives, Washington must give approval. Nothing specific as to hospital authorities having sufficient authority and latitude to employ competent personnel except right to discharge undesirable nurses, and so forth. Research must be accomplished on own time.

Recreational facilities adequate with exception of gym. Patients are too crowded at the present time, but when new unit, now about complete, is opened, this situation will be relieved.

In this type of hospital we have no recommendations as to medical treatment or hospital care.

Mr. CUNNINGHAM. You stated the capacity was 1,940 with a present population of 1,578. And yet you say the condition was overcrowded.

Mr. KRAABEL. I think, Mr. Cunningham, that the authorized bed capacity, which was the first device of the Veterans' Administration to expand, put beds in rooms that were day rooms and other places not originally built for wards, and when they speak of crowded conditions I assume they are speaking of the crowded appearance of these beds in these places.

All the beds may not be occupied as the record shows here, and I do not think they refer to the crowded man himself, but to the beds into which the man will go when he is admitted.

Mr. PETERSON. We ran into that at Bay Pines. In the little room where normally the parents could visit with patients they put beds in there.

In other places where they had two beds they put four beds.

Mr. KRAABEL. There is a crowded appearance there and they are fighting back to the original allotment of space for beds.

Mr. ODOM. I do not know about Knoxville but we do know that some facilities have closed wards because they do not have the professional personnel to keep those wards going, and that does result in crowded conditions in the wards that are now open.

That may be the condition at Knoxville, I do not know.

Mr. McQUEEN. Now, will the VFW give their report on Iowa?

Mr. JONES. There is complaint by the medical staff of too much lay interference, too much paper work, inadequate recreational fa-

cilities, inadequate, canteen, inadequate physiotherapy facilities, inadequate occupational therapy facilities, periods of hospitalization too brief, too much time in receiving ward, inadequate transportation, understaffed, overcrowded, and lack of information on discharge re condition.

The person making this report recommends the addition of 500 beds for Des Moines.

Mr. SCRIVNER. Captain, is there any additional information about this remark you made about too much lay interference?

Mr. JONES. No. That is simply made as a statement there in answer to a question.

Mr. CUNNINGHAM. Do you have any more information on the transportation than you have given?

Mr. JONES. Beg your pardon?

Mr. CUNNINGHAM. About the transportation. I happen to know that the one at Knoxville is within walking distance of the business district, and the one at Des Moines has streetcar to the hospital grounds, in addition to the bus service.

It strikes me as peculiar there is this reference to the transportation in your report.

Mr. JONES. Well, unfortunately, I am just trying to get time to interpret this report myself, because the man made the report on two facilities instead of separating them.

Mr. CUNNINGHAM. You have inadequate transportation on both of them. I cannot understand it.

Mr. JONES. Of course I did not make the reports. It says inadequate transportation.

Mr. CUNNINGHAM. Does that question of lay interference mean in being criticized by the Legion and so forth?

Mr. JONES. No; it is the medical staff. It says the consensus of opinion seems to be that the veterans' hospitals are hampered by too much lay interference and should be directed by men of the medical profession.

Mr. CUNNINGHAM. That is just what I am getting at. The lay interference I think is members of the veterans' organizations.

That pleases the veteran very much: does him a lot of good.

Mr. JONES. I think perhaps it might be because of the lay manager. I do not know.

Mr. MATHIAS. I think the manager at Knoxville is a doctor.

Mr. KRAABEL. But not at Des Moines. He is a businessman.

Mr. CUNNINGHAM. Knoxville is a doctor.

Mr. PETERSON. From whom is the lay interference coming?

Mr. JONES. He did not say. I do not know from where it is coming.

Mr. PETERSON. Mr. McQueen, will you make a note of that?

Mr. McQUEEN. All right, sir.

Mr. JONES. In that same connection the committee recommends formation of a hospital corps under the direction of competent physicians as recommended—that civil service for Veterans' Administration doctors be eliminated.

That is an opinion, of course.

I think perhaps that he might feel that there is too much lay supervision from central office. I do not know.

Mr. CUNNINGHAM. Well, central office is right in the hospital.



Mr. JONES. I beg pardon?

Mr. CUNNINGHAM. Central office is right in the hospital.

Mr. McQUEEN. No. He means this central office.

Mr. PETERSON. The central office is in Washington. Does that complete that hospital?

Mr. JONES. Yes, sir.

Mr. PETERSON. Take the next one.

Mr. McQUEEN. Hospital at Wichita I guess would be the next.

Mr. COHN. This is a report on the veterans' hospital at Lexington, Ky.—

Mr. PETERSON. Without objection the general will be here in a minute or two and it has been suggested we need a short executive session so, without objection, the committee will go into executive session.

(Whereupon, at 4 p. m., the committee proceeded in executive session.)

(The following matter was presented for the record:)

#### QUESTIONS TO BE ANSWERED AS TO EACH VETERANS HOSPITAL

(Kindly respond in same numerical order and air mail the report to National Commander Scheiberling, Washington 6, D. C.)

Name of hospital: United States Veterans' Facility Hospital.

Address: Montgomery, Ala.

1. Question. Are there any general or specific complaints on the medical treatment and hospital care received by the patients? If so, please describe briefly.

Answer. Many complaints on delay in starting treatment after entry into receiving wards apparently justified. Complaints as to adequacy of food.

2. Question. Has remedial action been taken by the Veterans' Administration in these cases or others which may have been previously reported?

Answer. No.

3. Question. What is your opinion of the relative standards of treatment in the veterans' hospitals as compared to the State, county, and municipal institutions in the same area?

Answer. Compares favorably.

4. Question. Do the manager, chief medical officer, and/or clinical director feel they have sufficient authority to run the hospital as efficiently as they might desire?

Answer. Yes.

5. Do they feel that there are undue restrictions and regulations under which they must function? If so, kindly specify in what way.

Answer. State they have all authority allowable under the law.

6. Question. Do they feel they have sufficient authority and latitude to employ competent doctors, nurses, and attendants?

Answer. No, as to doctors and technicians. Yes, as to nurses and attendants.

7. Question. Do they have encouragement and support in research, in participating in clinical meetings, symposiums, medical lecture courses, etc.?

Answer. Yes.

8. Question. What definite complaints, if any, are there as to the quality, quantity, variety, and preparation of food in the veterans' hospitals?

Answer. Complaints as to quantity, hospital authorities state additional food may be had upon request, but patients say when the table supply (usually inadequate) is exhausted, no more is available.

9. Question. Have there been or are there any specific cases of alleged abuse or neglect of patients?

Answer. Yes; alleged abuse from ward surgeons in a few instances. Abusive and derogatory remarks addressed to patients is alleged.

10. Question. Are the recreational facilities adequate?

Answer. No.

11. Question. Is the canteen service satisfactory, and are the prices charged veterans reasonable? If not, please describe.

Answer. No. The situation as regards canteen in this hospital is nothing less than disgraceful.

12. Question. Are the medical equipment and clinical arrangements satisfactory?

Answer. Reasonably.

13. Question. Are the periods of hospitalization proper? Too long? Too brief?

Answer. Average 31 days. The best possible answer is that they average "proper."

14. Question. Do patients feel they are required to remain in receiving wards too long before complete examinations and treatment are started?

Answer. Yes; and they are.

15. Question. How about cleanliness and neatness in the buildings and on the grounds?

Answer. Good.

16. Question. Is it felt that the discipline and morale of the patients are satisfactory?

Answer. Yes.

17. Question. Are the transportation facilities to and from the hospital adequate?

Answer. Yes.

18. Question. Is the contact service considered satisfactory and adequate by the American Legion?

Answer. Fair.

19. Question. How does the ratio of patients to full-time physicians and surgeons, nurses, and attendants in the veterans' hospital compare to that in State, county, and municipal institutions?

Answer. 9 doctors for average 281 patients—however much of the doctors' time is taken up in out-patient department, entirely too much to enable giving proper care to in-patients, 28 attendants, 33 nurses.

20. Question. Are the patients too crowded? Is there sufficient floor space per patient?

Answer. Yes. Over-capacity beds in wards disarrange lighting, radio headphones, bedside cabinets, etc.

21. Question. How do you find the discipline and morale of the hospital personnel? What are their complaints, if any?

Answer. Very good.

22. Question. What is your recommendation as to type and number of additional beds that may be required for the new load?

Answer. This hospital requires immediately 500 additional beds.

23. Question. What percentage of the patients are leaving the hospital against medical advice? Why?

Answer. 4 percent a. m. a., 5 percent a. w. o. l. occasioned principally by delay in beginning treatment.

24. Question. What percentage of patients without dependents leave the hospitals against medical advice due to the reduction in pension while being hospitalized?

Answer. Under 1 percent.

25. Question. Could better personal care be furnished with staff aide program of WACS trained in hospital routine, thus relieving nurses for more important duties?

Answer. Yes, definitely. Staff aides for doctors to relieve them of the burden of paper work would also be beneficial.

26. Question. Are there any complaints on the part of the patients regarding the lack of information given them as to their physical condition and advice as to future treatment upon being discharged from the hospital?

Answer. Yes, but very few.

27. Question. What general or specific recommendations would you offer as to the medical treatment and hospital care of veterans in Veterans' Administration facilities?

Answer. That immediate steps be taken to relieve the situation as regards the demands upon the regular hospital staff in out-patient examination for rating purposes, thus allowing the speeding up of examination and beginning of treatment of patients coming into the hospital. That hospital staffs be informed that they are employed and assigned to give service to patients, and their present attitude of thinking the patients are there for the staff's convenience be corrected. That adequate recreational facilities be added where needed. The occupational therapy be not considered a place where the hospital's furniture can be repaired without cost.

That canteen service be improved, and that the concessionaires be given priority sufficient to enable them to secure items of the scarcer kinds to the same extent as is available to Army post exchanges.

That immediate new construction be started to insure an adequacy of patients' beds before they have to start putting beds in the toilet rooms.

That hospital managers be allowed some choice in the selection of the doctors. That a sufficiency of food always be allowed.

That frequent investigations on the part of veteran's organizations be encouraged.

C. C. HORTON,

*Department Commander, Department of Alabama, American Legion.*

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#### QUESTIONS TO BE ANSWERED AS TO EACH VETERANS' HOSPITAL

(Kindly respond in same numerical order, and air-mail the report to National Commander Scheiberling, Washington 6, D. C.)

Name of hospital: United States Veterans' Hospital Facility (general medical and psychoneurotic).

Address: Tuscaloosa, Ala.

1. Question. Are there any general or specific complaints on the medical treatment and hospital care received by the patients? If so, please describe briefly.

Answer. Yes; complaints that insufficient examination resulted in general-medicine patients being placed in locked wards as psychoneurotic patients. Complaints that general-medicine patients being discharged went before the mental staff board, leaving the general medical patient with the unpleasant recollection that he had had to be passed upon by the mental board before discharge.

2. Question. Has remedial action been taken by the Veterans' Administration in these cases or others which may have been previously reported?

Answer. Yes.

3. Question. What is your opinion of the relative standards of treatment in the veterans' hospitals as compared to the State, county, and municipal institutions in the same area?

Answer. Superior.

4. Question. Do the manager, chief medical officer, and/or clinical director feel they have sufficient authority to run the hospital as efficiently as they might desire?

Answer. Yes.

5. Question. Do they feel that there are undue restrictions and regulations under which they must function? If so, kindly specify in what way.

Answer. No.

6. Question. Do they feel they have sufficient authority and latitude to employ competent doctors, nurses, and attendants?

Answer. No; as to doctors.

7. Do they have encouragement and support in research, in participating in clinical meetings, symposiums, medical lecture courses, etc.?

Answer. Yes.

8. Question. What definite complaints, if any, are there as to the quality, quantity, variety, and preparation of food in the veterans' hospitals?

Answer. None.

9. Question. Have there been or are there any specific cases of alleged abuse or neglect of patients?

Answer. Yes; by means of letters which have been largely discounted because they originated from present or former mental patients; and a layman is not able to distinguish between truth and imaginings.

10. Question. Are the recreational facilities adequate?

Answer. Reasonably adequate.

11. Question. Is the canteen service satisfactory, and are the prices charged veterans reasonable? If not, please describe.

Answer. Fair, but inadequate space.

12. Question. Are the medical equipment and clinical arrangements satisfactory?

Answer. Yes.

13. Question. Are the periods of hospitalization proper? Too long? Too brief?

Answer. Proper.



14. Do patients feel they are required to remain in receiving wards too long before complete examinations and treatment are started?

Answer. Yes; outspokenly.

15. Question. How about cleanliness and neatness in the buildings and on the grounds?

Answer. Excellent.

16. Question. Is it felt that the discipline and morale of the patients are satisfactory?

Answer. Yes.

17. Question. Are the transportation facilities to and from the hospital adequate?

Answer. Yes.

18. Question. Is the contact service considered satisfactory and adequate by the American Legion?

Answer. No.

19. Question. How does the ratio of patients to full-time physicians and surgeons, nurses, and attendants in the veterans' hospital compare to that in State, county, and municipal institutions?

Answer. Attendants, 1 to 5½; nurses, superior, 1 to 18.14; doctors, 1 to 55 (approximate).

20. Question. Are the patients too crowded? Is there sufficient floor space per patient?

Answer. Yes.

21. Question. How do you find the discipline and morale of the hospital personnel? What are their complaints, if any?

Answer. Good.

22. Question. What is your recommendation as to type and number of additional beds that may be required for the new load?

Answer. New construction under way at this hospital, but will require many additional beds to meet new load.

23. Question. What percentage of the patients are leaving the hospital against medical advice? Why?

Answer. Managers figures 0.007.

24. Question. What percentage of patients without dependents leave the hospitals against medical advice due to the reduction in pension while being hospitalized?

Answer. Under 1 percent.

25. Question. Could better personal care be furnished with staff aide program of WAC's trained in hospital routine, thus relieving nurses for more important duties?

Answer. Yes; definitely.

26. Question. Are there any complaints on the part of the patients regarding the lack of information given them as to their physical condition and advice as to future treatment upon being discharged from the hospital?

Answer. No.

27. Question. What general or specific recommendations would you offer as to the medical treatment and hospital care of veterans in Veterans' Administration facilities?

Answer. ———.

#### QUESTIONS TO BE ANSWERED AS TO EACH VETERANS' HOSPITAL

(Kindly respond in same numerical order and air mail the report to National Commander Scheiberling, Washington 6, D. C.)

Name of hospital: United States Veterans' Facility Hospital.

Address: Tuskegee, Ala. (exclusively Negro patients and Negro staffed).

1. Question. Are there any general or specific complaints on the medical treatment and hospital care received by the patients? If so, please describe briefly.

Answer. No.

2. Question. Has remedial action been taken by the Veterans' Administration in these cases or others which may have been previously reported?

Answer. ———.

3. Question. What is your opinion of the relative standards of treatment in the veterans' hospitals as compared to the State, county, and municipal institutions in the same area?

Answer. Superior.

4. Question. Do the manager, chief medical officer, and/or clinical director feel they have sufficient authority to run the hospital as efficiently as they might desire?

Answer. Yes.

5. Question. Do they feel that there are undue restrictions and regulations under which they must function? If so, kindly specify in what way.

Answer. No.

6. Question. Do they feel they have sufficient authority and latitude to employ competent doctors, nurses, and attendants?

Answer. Yes; as to nurses and attendants. No; as to doctors.

7. Question. Do they have encouragement and support in research, in participating in clinical meetings, symposiums, medical lecture courses, etc.?

Answer. Yes.

8. Question. What definite complaints, if any, are there as to the quality, quantity, variety, and preparation of food in the veterans' hospitals?

Answer. None.

9. Question. Have there been or are there any specific cases of alleged abuse or neglect of patients?

Answer. No.

10. Question. Are the recreational facilities adequate?

Answer. No.

11. Question. Is the canteen service satisfactory and are the prices charged veterans reasonable? If not, please describe.

Answer. Yes.

12. Question. Are the medical equipment and clinical arrangements satisfactory?

Answer. Yes.

13. Question. Are the periods of hospitalization proper? Too long? Too brief?

Answer. This is a combined NP, TB, and GM hospital and it is difficult to answer this question. Perhaps the periods generally are "proper."

14. Question. Do patients feel they are required to remain in receiving wards too long before complete examinations and treatment are started?

Answer. Yes.

15. Question. How about cleanliness and neatness in the buildings and on the grounds?

Answer. Good.

16. Question. Is it felt that the discipline and morale of the patients are satisfactory?

Answer. Yes.

17. Question. Are the transportation facilities to and from the hospital adequate?

Answer. Yes.

18. Question. Is the contact service considered satisfactory and adequate by the American Legion?

Answer. Yes.

19. Question. How does the ratio of patients to full-time physicians and surgeons, nurses, and attendants in the veterans' hospital compare to that in State, county and municipal institutions?

Answer. Superior; 1 attendant to each 4.9 patients: 33 doctors to 1,733 patients. Nurses: 1 to each 17.17 patients. Good use in this hospital is being made of 25 cadet nurses and 16 affiliates. Many vacancies in authorized number of doctors, nurses, and attendants.

20. Question. Are the patients too crowded?

Answer. No.

20a. Question. Is there sufficient floor space per patient?

Answer. Yes.

21. Question. How do you find the discipline and morale of the hospital personnel? What are their complaints, if any?

Answer. Good.

22. Question. What is your recommendation as to type and number of additional beds that may be required for the new load?

Answer. Needed immediately 500 NP beds, 250 GM.

23. Question. What percentage of the patients are leaving the hospital against medical advice? Why?

Answer. Last month 5 out of an average patient load of 1,733.

24. Question. What percentage of patients without dependents leave the hospitals against medical advice due to the reduction in pension while being hospitalized?

Answer. A large percentage but no figures available.

25. Question. Could better personal care be furnished with staff aide program of WACS trained in hospital routine, thus relieving nurses for more important duties?

Answer. Yes, and if staff aides could be supplied to relieve M. D.'s of the great burden of paper work would be in best interest of patients.

26. Question. Are there any complaints on the part of the patients regarding the lack of information given them as to their physical condition and advice as to future treatment upon being discharged from the hospital?

Answer. Yes, to a small degree.

27. Question. What general or specific recommendations would you offer as to the medical treatment and hospital care of veterans in Veterans' Administration facilities?

Answer. ———.

REPORT OF SPECIAL COMMITTEE APPOINTED BY DEPARTMENT COMMANDER, JOHN R. STILLE, TO APPRAISE THE SERVICES RENDERED WAR VETERANS BY THE VETERANS' ADMINISTRATION FACILITY AT TUCSON, ARIZ. (TUBERCULOSIS, 428 BEDS).

1. Question. Are there any general or specific complaints on the medical treatment and hospital care received by the patient? If so, please describe briefly.

Answer. Nothing beyond complaints of a minor character which should be disregarded.

2. Question. Has remedial action been taken by the Veterans' Administration in these cases or others which may have been previously reported?

Answer. Nothing to report.

3. Question. What is your opinion of the relative standards of treatment in the veterans' hospitals as compared to the State, county and municipal institutions in the same area?

Answer. We find the standards of the veterans' hospital in Tucson of the highest order.

4. Question. Do the manager, chief medical officer, and/or clinical director feel they have sufficient authority to run the hospital as efficiently as they might desire?

Answer. Yes; consistent with running an institution which is a necessary part of a large organization.

5. Question. Do they feel that there are undue restrictions and regulations under which they must function? If so, kindly specify in what way.

Answer. No, but the rule on transfer of domiciliary patients from one hospital to another should be relaxed.

6. Question. Do they feel they have sufficient authority and latitude to employ competent doctors, nurses, and attendants?

Answer. Not with respect to doctors. Yes, respecting nurses. Yes, respecting attendants.

7. Question. Do they have encouragement and support in research, in participating in clinical meetings, symposiums, medical lecture courses, etc?

Answer. Yes. (Perhaps service to the veteran might be improved by enabling veterans' hospitals to avail themselves of outside expert physicians and surgeons for consultation purposes.)

8. Question. What definite complaints, if any, are there as to the quality, quantity, variety, and preparation of food in the veterans' hospitals?

Answer. The patients whom we questioned had no complaints.

9. Question. Have there been or are there any specific cases of alleged abuse or neglect of patients?

Answer. No.

10. Question. Are the recreational facilities adequate?

Answer. Yes.

11. Question. Is the canteen service satisfactory, and are the prices charged veterans reasonable? If not, please describe.

Answer. Yes. The canteen needs more space.

12. Question. Are the medical equipment and clinical arrangements satisfactory?

Answer. Yes.

13. Question. Are the periods of hospitalization proper? Too long? Too brief?

Answer. We are not sufficiently informed to answer this question with assurance and intelligence.

14. Question. Do patients feel they are required to remain in receiving wards too long before complete examination and treatment are started?



Answer. No.

15. Question. How about cleanliness and neatness in the buildings and on the grounds?

Answer. Exceptionally good.

16. Question. Is it felt that the discipline and morale of the patients are satisfactory?

Answer. Yes.

17. Question. Are the transportation facilities to and from the hospital adequate?

Answer. Yes.

18. Question. Is the contact service considered satisfactory and adequate by the American Legion?

Answer. Yes.

19. Question. How does the ratio of patients to full-time physicians and surgeons, nurses, and attendants in the veterans' hospital compare to that in State, county, and municipal institutions?

Answer. There are 428 beds. There were 401 patients on April 11, 1945, when this investigation was made. There were 15 doctors, 50 nurses, 28 male attendants, 37 female attendants. There were 7 vacancies in nurses and 3 in attendants.

20. Question. Are the patients too crowded? Is there sufficient floor space per patient?

Answer. In the seven-bed wards the patients who are afflicted with tuberculosis simply cannot get the required rest.

21. Question. How do you find the discipline and morale of the hospital personnel? What are their complaints, if any?

Answer. No serious complaint.

22. Question. What is your recommendation as to type and number of additional beds that may be required for the new load?

Answer. In the judgment of this committee, nothing short of 1,500 additional beds will take care of the new and increasing load. There should be proper provisions for general medical and surgical cases and for women patients.

23. Question. What percentage of the patients are leaving the hospital against medical advice? Why?

Answer. From January 1 to March 31, 1945, there were 382 discharges, 64 a. w. o. l., and 22 a. m. a.

24. Question. What percentage of patients without dependents leave the hospitals against medical advice due to the reduction in pension while being hospitalized?

Answer. Our information on this question is insufficient on which to base judgment.

25. Question. Could better personal care be furnished with staff aide program of WAC's trained in hospital routine, thus relieving nurses for more important duties?

Answer. Yes, if the WAC's were actually properly trained and there be a nurse shortage.

26. Question. Are there any complaints on the part of the patients regarding the lack of information given them as to their physical condition and advice as to future treatment upon being discharge from the hospital?

Answer. The committee believes it is advisable for the staff to give individual patients information as to their condition and advice as to their future treatment.

27. Question. What general or specific recommendations would you offer as to the medical treatment and hospital care of veterans in Veterans' Administration facilities?

Answer. This facility at Tucson is packed to capacity. There must be additional beds, not only for tuberculosis patients but for general medical and surgical cases and for women patients. There should be provisions for cases in tropical diseases.

Too much of the time of ward doctors and surgeons is consumed by the detail of serving on rating boards, resulting in curtailment of the service such doctors may be able to render to individual patients. It is recommended that separate boards be created for rating purposes so that doctors may be able to give more individual attention to the patients to whom they are administering.

JOHN R. STILLE, *Department Commander.*

JAMES E. BRADY, *Chairman.*

CHESTER H. SMITH,

HAROLD L. LAMB,

*Members.*

## THE AMERICAN LEGION

DEPARTMENT OF ARIZONA

Phoenix, Ariz.

TUCSON, ARIZ., April 24, 1945.

MR. EDWARD N. SCHEIBERLING,

*National Commander, the American Legion,**Washington 6, D. C.*

MY DEAR COMMANDER: Enclosed is the report on the Whipple facility of the Veterans' Administration (tuberculosis, 527 beds) located at Prescott, Ariz.

Members of the committee making this appraisal were Henry Metzger, department rehabilitation chairman; Jack Sills, commander, Ernest A. Love Post, No. 6; and A. T. Anderson, Ernest A. Love Post, No. 6, service officer.

Sincerely,

JOHN R. STILLE, *Commander.*

1. Question. Are there any general or specific complaints on the medical treatment and hospital care received by the patients? If so, please describe briefly.

Answer. None of consequence.

2. Question. Has remedial action been taken by the Veterans' Administration in these cases of others which may have been previously reported?

Answer. Every effort seems to be made to correct faulty conditions as they arise.

3. Question. What in your opinion of the relative standards of treatment in the veterans' hospitals as compared to the State, county, and municipal institutions in the same area?

Answer. Equal to and in many respects superior.

4. Question. Do the manager, chief medical officer, and/or clinical director feel they have sufficient authority to run the hospital as efficiently as they might desire?

Answer. Yes.

5. Question. Do they feel that there are undue restrictions and regulations under which they must function? If so, kindly specify in what way.

Answer. No.

6. Question. Do they feel they have sufficient authority and latitude to employ competent doctors, nurses, and attendants?

Answer. Yes; insofar as such personnel is available under present wartime conditions.

7. Question. Do they have encouragement and support in research, in participating in clinical meetings, symposiums, medical lecture courses, etc.?

Answer. Yes.

8. Question. What definite complaints, if any, are there as to the quality, quantity, variety, and preparation of food in the veterans' hospitals?

Answer. Food is generally good. Quantity and variety is usually satisfactory. However, some few complaints on food not being served hot enough to bed patients.

9. Question. Have there been or are there any specific cases of alleged abuse or neglect of patients?

Answer. No.

10. Question. Are the recreational facilities adequate?

Answer. Reasonably so.

11. Question. Is the canteen service satisfactory, and are the prices charged veterans reasonable? If not, please describe.

Answer. Yes.

12. Question. Are the medical equipment and clinical arrangements satisfactory?

Answer. Apparently so.

13. Question. Are the periods of hospitalization proper? Too long? Too brief?

Answer. Considered reasonable.

14. Question. Do patients feel they are required to remain in receiving wards too long before complete examinations and treatments are started?

Answer. Occasional complaints which do not appear serious.

15. Question. How about cleanliness and neatness in the buildings and on the grounds?

Answer. Excellent.

16. Question. Is it felt that the discipline and morale of the patients are satisfactory?

Answer. Yes.

17. Question. Are the transportation facilities to and from the hospital adequate?

Answer. Yes.

18. Question. Is the contact service considered satisfactory and adequate by the American Legion?

Answer. Yes.

19. Question. How does the ratio of patients to full-time physicians and surgeons, nurses, and attendants in the veterans' hospital compare to that in State, county, and municipal institutions?

Answer. Compares favorably.

20. Question. Are the patients too crowded? Is there sufficient floor space per patient?

Answer. No.

21. Question. How do you find the discipline and morale of the hospital personnel? What are their complaints, if any?

Answer. Satisfactory.

22. Question. What is your recommendation as to type and number of additional beds that may be required for the new load?

Answer. Two or more pavilion type, two story, 72- to 96-bed capacity. Buildings to be used in the treatment of ambulant tuberculars.

23. Question. What percentage of the patients are leaving the hospital against medical advice? Why?

Answer. Percentage appears to be rather small. Most cases are World War II men and they apparently leave the hospital feeling that they can do as well on the outside.

24. Question. What percentage of patients without dependents leave the hospital against medical advice due to the reduction in pension while being hospitalized?

Answer. It appears that most of them are influenced by this consideration.

25. Question. Could better personal care be furnished with staff aide program of WAC's trained in hospital routine, thus relieving nurses for more important duties?

Answer. This is problematical.

26. Question. Are there any complaints on the part of the patients regarding the lack of information given them as to their physical condition and advice as to future treatment upon being discharged from the hospital?

Answer. No. We find rather full information furnished on discharge.

27. Question. What general or specific recommendations would you offer as to the medical treatment and hospital care of veterans in Veterans' Administration facilities?

Answer. The Whipple hospital is capably and efficiently operated considering the moneys spent in its operation. However, we feel that better results might be obtained if less restrictions were placed on the operating budget.

More prompt action in the adjudication of compensation claims would materially aid in the treatment of patients by contributing to their contentment and peace of mind through release from financial worries.

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#### REPORT ON VETERANS' ADMINISTRATION FACILITY, FAYETTEVILLE, ARK.

(General, medical, and surgical, 305 beds)

1. Question. Are there any general or specific complaints on the medical treatment and hospital care received by the patients? If so, please describe briefly.

Answer. None.

2. Question. Has remedial action been taken by the Veterans' Administration in these cases or others which may have been previously reported?

Answer. None.

3. Question. What is your opinion of the relative standards of treatment in the veterans' hospitals as compared to the State, county, and municipal institutions in the same area?

Answer. Superior.

4. Question. Do the manager, chief medical officer, and/or clinical director feel they have sufficient authority to run the hospital as efficiently as they might desire?

Answer. No.

5. Question. Do they feel that there are undue restrictions and regulations under which they must function? If so, kindly specify in what way.

Answer. Yes. They feel they are handicapped by central office.



6. Question. Do they feel they have sufficient authority and latitude to employ competent doctors, nurses, and attendants?

Answer. Yes. Central office leaves no choice as to physicians to be assigned, but nurses and attendants are obtainable from local surroundings.

7. Question. Do they have encouragement and support in research, in participating in clinical meetings, symposiums, medical lecture courses, etc.?

Answer. No. Central office does not encourage research.

8. Question. What definite complaints, if any, are there as to the quality quantity, variety, and preparation of food in the veterans' hospital?

Answer. None, although the facility finds it difficult to obtain desired food supply.

9. Question. Have there been or are there any specific cases of alleged abuse or neglect of patients?

Answer. No.

10. Question. Are the recreational facilities adequate?

Answer. Yes, for GM facility.

11. Question. Is the canteen service satisfactory, and are the prices charged veterans reasonable? If not, please describe.

Answer. Yes. When contemplated transfer of barber shop adjoining canteen is made. Prices are satisfactory. Canteen concessionaire is highly satisfactory.

12. Question. Are the medical equipment and clinical arrangements satisfactory?

Answer. Yes.

13. Question. Are the periods of hospitalization proper? Too long? Too brief?

Answer. Averaged 30-day turn-over, which is proper.

14. Question. Do patients feel they are required to remain in receiving wards too long before complete examinations and treatment are started?

Answer. No.

15. Question. How about cleanliness and neatness in the building and on the grounds?

Answer. Satisfactory.

16. Question. Is it felt that the discipline and morale of the patients are satisfactory?

Answer. Yes.

17. Question. Are the transportation facilities to and from the hospital adequate?

Answer. Yes, considering fact that the facility has limited railroad connections.

18. Question. Is the contact service considered satisfactory and adequate by the American Legion?

Answer. Contact service is satisfactory.

19. Question. How does the ratio of patients to full-time physicians and surgeons, nurses, and attendants in the veterans' hospital compare to that in State, county, and municipal institutions?

Answer. Favorable.

20. Question. Are the patients too crowded? Is there sufficient floor space per patients?

Answer. Additional 250-bed ward is needed as existing set-up is at capacity and War II students needing treatment will cause additional demands for beds.

21. Question. How do you find the discipline and morale of the hospital personnel? What are their complaints, if any?

Answer. Unsatisfactory due to low wage level for attendants.

22. Question: What is your recommendation as to type and number of additional beds that may be required for the new load?

Answer. Additional patients cannot be hospitalized excepting as new ward is added.

23. Question. What percentage of the patients are leaving the hospital against medical advice? Why?

Answer. Very few.

24. Question. What percentage of patients without dependents leave the hospitals against medical advice due to the reduction in pension while being hospitalized?

Answer. Very few.

25. Question. Could better personal care be furnished with staff aide program of WACs trained in hospital routine, thus relieving nurses for more important duties?

Answer. No. Wacs would be of questionable value, but nurses and ward physicians should be relieved of much paper work and devote more time to patients.

26. Question. Are there any complaints on the part of the patients regarding the lack of information given them as to their physical condition and advice as to future treatment upon being discharged from the hospital?

Answer: Patients are given insight into their physical condition, and obtain sound advice unless nervous cases.

27. Question. What general or specific recommendations would you offer as to the medical treatment and hospital care of veterans in Veterans' Administration facilities?

Answer. (a) Better pay for attendants. (b) More authority for managers. (c) Less red tape in obtaining desired medical supplies.

Respectfully submitted by

JOE L. HEARNE,  
*Director, Arkansas Service Bureau, Little Rock, Ark.*

REPORT OF VETERANS' ADMINISTRATION FACILITY, NORTH LITTLE ROCK, ARK.  
(NEUROPSYCHIATRIC, 1,625 BEDS)

1. Question. Are there any general or specific complaints on the medical treatment and hospital care received by the patients? If so, please describe briefly.

Answer. (a) That dietitian was "hard boiled" toward attendants. (b) That librarian had tried to prevent Sunday chapel service.

Investigation indicated that dietitian had succeeded a chief who had little discipline over attendants and had corrected the situation by requiring efficient service. Inspection showed good management, cleanliness, and efficiency.

Librarian Millar was found to have exceeded her authority in criticizing Reverend Adams, chaplain. She was severely reprimanded and apology was made to chaplain by manager.

Several months ago, Recreation Aide Allen tried to limit auxiliary cigarette distribution to her parties, but manager diverted supply for incoming uncompensated War II patients, and situation now is satisfactory.

2. Question. Has remedial action been taken by the Veterans' Administration in these cases or others which may have been previously reported?

Answer. Yes.

3. Question. What is your opinion of the relative standards of treatment in the veterans' hospitals as compared to the State, county, and municipal institutions in the same area?

Answer. Superior.

4. Question. Do the manager, chief medical officer, and/or clinical director feel they have sufficient authority to run the hospital as efficiently as they might desire?

Answer. They do not.

5. Question. Do they feel that there are undue restrictions and regulations under which they must function? If so, kindly specify in what way.

Answer. Yes. Central office relegates little authority to administrative heads and the pay scale for personnel is too low to obtain efficient services. Then too, civil service freezes undesirables, protecting the inefficient.

6. Question. Do they feel they have sufficient authority and latitude to employ competent doctors, nurses, and attendants?

Answer. They do not.

7. Question. Do they have encouragement and support in research, in participating in clinical meetings, symposiums, medical lecture courses, etc.?

Answer. No. Interested personnel sometimes are permitted leaves to attend clinical meetings at own expense, but long hours and discouragement prevent research.

8. Question. What definite complaints, if any, are there as to the quality, quantity, variety, and preparation of food in the veterans' hospitals?

Answer. Food is satisfactorily handled, but supply is difficult to obtain and will be until facilities are on parity with Army camps. Quarterly supply for NLR has been on way since May 19, and warehouse is quite bare at present.

9. Question. Have there been or are there any specific cases of alleged abuse or neglect of patients?

Answer. No. But new requirement that every injury case be investigated has been severe drain on medical personnel. A new War II doctor, who has a morbid fear of patients, is acting as chairman of boards of inquiry, thereby conserving time of one facility physician. Assaults among patients are inevitable with underpaid and overworked attendants.

10. Question. Are the recreational facilities adequate?

Answer. Recreation facilities now are inadequate, but will be satisfactory when building program is completed.

11. Question. Is the canteen service satisfactory, and are the prices charged veterans reasonable? If not, please describe.

Answer. No. The canteen is outside the facility grounds and should be located in clinical building as has been recommended. Prices charged are satisfactory.

12. Question. Are the medical equipment and clinical arrangements satisfactory?

Answer. No. Space is inadequate. Another shock therapy unit is needed and facilities for lung surgery are lacking.

13. Question. Are the periods of hospitalization proper? Too long? Too brief?

Answer. Satisfactory for NP patients.

14. Question. Do patients feel they are required to remain in receiving wards too long before complete examinations and treatment are started?

Answer. Incoming War II patients, uncommitted, often are taken from facility against medical advice. Period of observation on receiving ward averages 10 days.

15. Question. How about cleanliness and neatness in the buildings and on the grounds?

Answer. Satisfactory.

16. Question. Is it felt that the discipline and morale of the patients are satisfactory?

Answer. Yes, although ratio of 1 attendant for 6 to 8 patients in reality is 1 to 10 and is insufficient to provide proper service.

17. Question. Are the transportation facilities to and from the hospital adequate?

Answer. There are no transportation facilities except by private cars and taxis at \$1.50 a trip.

18. Question. Is the contact service considered satisfactory and adequate by the American Legion?

Answers. No; although it is improving with more ward contacts.

19. Question. How does the ratio of patients to full-time physicians and surgeons, nurses, and attendants in the veterans' hospital compare to that in State, county, and municipal institutions?

Answer. Favorable.

20. Question. Are the patients too crowded? Is there sufficient floor space per patient?

Answer. Yes. One ward of 90 capacity now has 152. Overcrowding means more patient problems, greater supervision. There is insufficient space for patients, and construction of four new buildings will not fully solve this problem.

21. Question. How do you find the discipline and morale of the hospital personnel? What are their complaints, if any?

Answer. Unsatisfactory, due to low scale of pay for attendants.

22. Question. What is your recommendation as to type and number of additional beds that may be required for the new load?

Answer. With four new buildings, the facility will have attained 2,300 capacity, which seems to be maximum for proper management.

23. Question. What percentage of the patients are leaving the hospital against medical advice? Why?

Answer. About 10 percent because of noncommitment, but many of those taken out against medical advice are returned for treatment.

24. Question. What percentage of patients without dependents leave the hospitals against medical advice due to the reduction in pension while being hospitalized?

Answer. Practically none.

25. Question. Could better personal care be furnished with staff aide program of WAC's trained in hospital routine, thus relieving nurses for more important duties?

Answer. No; but administrative staff is needed to relieve nurses of tedious routine tasks.



26. Question. Are there any complaints on the part of the patients regarding the lack of information given them as to their physical condition and advice as to future treatment upon being discharged from the hospital?

Answer. No; as mental cases need no first-hand knowledge of their mental disabilities.

27. Question. What general or specific recommendations would you offer as to the medical treatment and hospital care of veterans in Veterans' Administration facilities?

Answer. (a) Better pay for attendants, which would provide opportunities for higher type of workers. Contemplated plan of having army detail of Negro attendants to serve white patients will prove highly unsatisfactory and should be resisted by American Legion. (b) More authority should be given managers and less remote control by central office.

Respectfully submitted by:

JOE L. HEARNE,

*Director, Arkansas Service Bureau, Little Rock, Ark.*

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THE AMERICAN LEGION

NATIONAL REHABILITATION COMMITTEE

Washington 6, D. C.

FORT MILEY, CALIF. (GENERAL MEDICAL AND SURGICAL, 340 BEDS)

I have no complaint to make about this general medical and surgical hospital which has been in operation since the fall of 1934, and feel that if National Field Secretary James P. Mulcare's recommendations are given proper consideration by the Veterans' Administration in Washington, from time to time, it would solve the few problems that exist at this station.

Col. James P. Donnelly, manager, is always most anxious to carry out his duties faithfully and well.

The only solution to the need for general medical and surgical beds in northern California is the erection of a new 1,000 bed hospital somewhere in northern California.

CHARLES R. FARRINGTON,

*Department Service Officer, California.*

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AMERICAN LEGION SERVICE DEPARTMENT,  
CARE OF VETERANS' ADMINISTRATION, FORT MILEY,  
San Francisco 21, Calif., April 5, 1945.

MR. CHARLES GALLIANO,

*Chairman, Department Rehabilitation Commission,*

*Care of American Legion Dormitories, San Francisco, Calif.*

DEAR CHARLIE: I am in receipt of the 27 questions that have been prepared by national headquarters and distributed through the Washington, D. C., office, regarding investigations in the hospitals in northern California.

On Wednesday, April 4, 1945, I called at the Livermore Facility. It is located 50 miles southeast of San Francisco. Attached on separate sheets is my report and if this survey meets with your approval will you please forward it as per the national commander's request, to National Commander Edward Scheiberling, 1608 K Street NW., Washington 6, D. C.

A copy of the report is enclosed for your files and I am also sending one to Department Commander Ed Bolt.

Very truly yours,

CHARLES R. FARRINGTON,

*Department Service Officer.*

Name of hospital: Veterans' Administration Hospital.

Address: Livermore, Calif. (tuberculosis, 408 beds).

1. Question. Are there any general or specific complaints on the medical treatment and hospital care received by the patients? If so, please describe briefly.

Answer. The patients in this hospital have nothing but complaints regarding the medical care that they receive, and I have been visiting this place regularly for almost 11 years. In the past year the complaints have been so numerous it now almost becomes unanimous.

(a) The chief complaint is the fact that all the ward doctors do not like the manager and the clinical director, as they do not cooperate with the ward doctors, and use high-handed tactics in dealing with the doctors, and personally it reflects upon the care the patients receive.

(b) I talked to several of the doctors in person, and while they are afraid to make specific complaints to a civilian, because most of them are in Army uniform, it is felt that a complete investigation by proper authorities should be made at once.

(c) The situation is so desperate that I think the manager and clinical director should be relieved of their command immediately.

2. Question. Has remedial action been taken by the Veterans' Administration in these cases or others which may have been previously reported?

Answer. To my knowledge, no action has been taken by the Veterans' Administration to take remedial action on complaints that have been sent in in the past.

3. Question. What is your opinion of the relative standards of treatments in the veterans' hospitals as compared to the State, county, and municipal institutions in the same area?

Answer. I think a veteran, in most instances, would be better off in a veterans' hospital than those operated by States, counties, and cities. However, California has some very high class county tuberculosis hospitals, and a number of veterans prefer to go to those institutions.

4. Question. Do the manager, chief medical officer, and/or clinical director feel they have sufficient authority to run the hospital as efficiently as they might desire?

Answer. I do not think that the managers of the hospitals have sufficient authority to buy in the open market such things as equipment and drugs that are needed from time to time. They should be given the same authority to operate their hospitals as the managers of public health, Army, and Navy hospitals have. It is discouraging to most managers to ask central office for anything because of the months of delay, and sometimes years, that elapses before action is taken.

5. Question. Do they feel that there are undue restrictions and regulations under which they must function? If so, kindly specify in what way.

Answer. Same as question No. 4.

6. Question. Do they feel they have sufficient authority and latitude to employ competent doctors, nurses, and attendants?

Answer. This institution has all the doctors authorized except one, and it is impossible to employ nurses and attendants. Only an increase in pay will ever secure sufficient nurses and attendants while there is plenty of war work. There are 11 nurse positions unfilled and 103 other positions that should be filled to operate the hospitals as it should be.

7. Question. Do they have encouragement and support in research, in participating in clinical meetings, symposiums, medical lecture courses, etc.?

Answer. The staff doctors are in violent disagreement with the manager and clinical director of their petty attitude in approving gasoline ration cards for the doctors to attend medical meetings. However, of late the manager did authorize some of them to attend the county medical association meeting, but the doctors attending do so at their own expense and on their own time. I think that medical personnel should be allowed to attend clinics when it would not interfere with their duties without having the time charged to their annual leave.

8. Question. What definite complaints, if any, are there as to the quality, quantity, variety, and preparation of food in the veterans' hospitals?

Answer. Every patient I talked to complained about the food not being suitable for sick patients. There is no salad on the noonday meal, and one of the boys that works in the kitchen told me that very few patients eat the night meat at all, and that most of it goes into the garbage. Also many of the patients complain about the dirty dishes.

9. Question. Have there been or are there any specific cases of alleged abuse or neglect of patients?

Answer. I could not find any specific case of abuse or neglect and doubt that there has been any cases.

10. Question. Are the recreational facilities adequate?

Answer. It is difficult to state how much recreational facilities are needed for tubercular patients, but most of the patients feel that the moving pictures furnished by the Government and the shows put on by the American Legion are fairly adequate for ambulant patients. The 24-hour bed patients have no recreational advantages at all. Whether or not it would be medically feasible for such patients is a debatable question.

11. Question. Is the canteen service satisfactory, and are the prices charged veterans reasonable? If not, please describe.

Answer. The canteen service at this station appears to be satisfactory, and the prices are reasonable. I purchased some articles myself. On this score there appears to be no complaint. While it is true there is some shortage of cigarettes occasionally it is not the canteen's fault. The space allotted to the canteen is too small. A larger space should be provided so that a soda fountain and light lunch could be served, as this hospital is 5 miles from the city and persons visiting patients have no place to get a lunch.

12. Question. Are the medical equipment and clinical arrangements satisfactory?

Answer. The medical equipment appears to be adequate, especially in the surgery department. Due to structural changes and remodeling which has been going on for years, I cannot recall a time in 10 years that there was not something being torn up as this building was poorly erected in the beginning. I would recommend that no more changes be made and that new additions be built rather than having any more patch work.

13. Question. Are the periods of hospitalization proper? Too long? Too brief?

Answer. I don't know how a layman could state the period of time a patient should remain in the hospital except to point out that all veterans of World War II who are physically able to walk, leave the hospital as soon as they get their first pension check because of the poor food and the wrangling that they hear going on between the ward doctors and the clinical director.

14. Question. Do patients feel they are required to remain in receiving wards too long before complete examinations and treatment are started?

Answer. The patients in the receiving ward told me that the doctors there were "swell." I talked to one of the doctors on duty and I am sure if he were a civilian and not in Army uniform that he would walk off of the job in 5 minutes because he states there is no cooperation between the manager, clinical director, and himself. He appeared honest and frank but stated "I am in uniform and I can't talk much."

15. Question. How about cleanliness and neatness in the buildings and on the grounds?

Answer. Cleanliness and neatness inside the building appears to be about the same as other veterans' hospitals and, of course, they cannot employ enough men to take care of the extensive grounds that were landscaped years ago as no one, who has any sense, will take a job at the rate of pay that the Veterans' Administration allows.

16. Question. Is it felt that the discipline and morale of the patients are satisfactory?

Answer. Them orale oft hep atients in this hospital is the lowest of any place I have ever seen in my 25 years as a Legion service officer, and I am not surprised at the number of against medical advice patients.

17. Question. Are the transportation facilities to and from the hospital adequate?

Answer. Transportation from the city of Livermore is via public bus system. The price is \$0.50 round trip or \$6 a month on commute books. I find no objection to this service. The rates are set by the State.

18. Question. Is the contact service considered satisfactory and adequate by the American Legion?

Answer. The contact officer on duty is a veteran of World War I and while he has not been in this line of work very long he has a nice personality, is a willing and enthusiastic worker, has a son in service, and wants to do a good job. In fact, I would consider him for a position in my office.

19. Question. How does the ratio of patients to full-time physicians and surgeons, nurses, and attendants in the veterans' hospitals compare to that in State, county, and municipal institutions?

Answer. I am unable to make a comparison of the ratio of physicians to patients in county and State hospitals at this time, as there are none of comparable size in this particular territory, but I believe we would find the Administration has



a larger ratio of employees to the number of patients than the institutions operated by State or county institutions.

20. Question. Are the patients too crowded? Is there sufficient floor space per patient?

Answer. As to crowded conditions, this would be a difficult question to properly answer but it does not appear that the patients are too crowded, and I asked several of them how they felt about it. Some said yes and some no.

21. Question. How do you find the discipline and morale of the hospital personnel? What are their complaints, if any?

Answer. I think I have already described the morale of the personnel, and I believe that if a reward was offered for any one who would say a good word about the manager or clinical director there would be no takers, notwithstanding the fact that Colonel Murphy, the manager, has always been exceptionally nice to me.

22. Question. What is your recommendation as to type and number of additional beds that may be required for the new load?

Answer. I would recommend that a new 1,000-bed hospital be erected immediately in northern California to care for the tubercular patients, as there are now no vacant beds in this State, and even Whipple, Ariz., have stopped the Veterans' Administration from sending patients down there. When such a new hospital is built there should be one separate infirmary ward of sufficient size to care for both men and women patients who are psychotic as well as tubercular. The need for such a hospital of this type is urgent. On the other hand the Veterans' Administration have never been known to be able to forecast the needs of patients. Somebody should employ a yogi and put him in central office so that he could forecast the need for adequate hospitals through a crystal ball, as all other means have failed.

23. Question. What percentage of the patients are leaving the hospital against medical advice? Why?

Answer. In the past 6 months 77 patients have gone against medical advice and a. w. o. l. I talked with several boys that remain in the wards where some of the patients stayed and I asked them if they knew why the patients went against medical advice, and in about half of the cases they stated the veteran went against medical advice because of the food and the rest of them went against medical advice because they could only get \$20 per month pension and that they had nothing saved upon which they could live on when they were finally discharged from the hospital.

24. Question. What percentage of patients without dependants leave the hospitals against medical advice due to the reduction in pension while being hospitalized?

Answer. Same as question No. 23.

25. Question. Could better personal care be furnished with staff aide program of WAC's trained in hospital routine, thus relieving nurses for more important duties?

Answer. I do not believe that a staff aide program of WAC's would be satisfactory. I would not want to be a party to having young girls exposed to tubercular patients and I don't believe the American Tubercular Association would look upon such programs with favor.

26. Question. Are there any complaints on the part of the patients regarding the lack of information given them as to their physical condition and advice as to future treatment upon being discharged from the hospital?

Answer. I asked 11 patients in 5 different wards if they were satisfied about the information their doctors gave them and in nearly every instance they said they liked the ward doctor and when they would question him about their condition he would tell them that he could not discuss it with them because the manager and clinical director prevented it. This is an unhealthy sign and if a patient is to respond to treatment his ward doctor should be the judge of the amount of information about his condition, and not someone that sits in an office and has never seen the patient. I have seen the doctors in the State prisons give patients more information about their health and physical condition than was given in veterans' hospitals. It's about time that we wake up and realize that the boys and girls in this war are intelligent and they should be furnished information about their condition that the ward doctor deems advisable, if the proper relations between the patients and the doctor are to exist.

27. Question. What general or specific recommendations would you offer as to the medical treatment and hospital care of veterans in Veterans' Administration facilities?

Answer. For the improvement of the medical service my recommendation would be that the ward doctor be given exclusive authority to order X-rays and medicines for the patients in his charge and that the clinical director should not be allowed to countermand such orders. Some of the doctors had large files of rejected requests for X-rays. After the ward doctor tells a patient that he is going to be X-rayed again and then the patient finds out he can't have the X-rays it makes him despondent. My other recommendation for the improvement of the hospital care would be to serve sick patients food that is prepared in a tasty manner and properly served in clean dishes. If the raw food cost is too low then additional funds should be provided to purchase adequate food.

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THE AMERICAN LEGION,  
VETERANS' ADMINISTRATION,  
*Los Angeles 25, Calif., April 30, 1945.*

Name of Hospital: Veterans' Administration hospital. (This includes both the general medical and surgical and the NP hospitals.)

Address: Los Angeles 25, Calif. (General medical and surgical, 2516 beds.)

1. Question. Are there any general or specific complaints on the medical treatment and hospital care received by the patients? If so, please describe fully.

Answer. The only general complaint is the long delay between the time the veteran reports for examination for hospitalization in the Out-patient Service of the hospital, and the time he gets into bed in the receiving ward. We are sure this time could be shortened. There is also a complaint on the part of the patients regarding the long wait that they usually have when sent to X-ray, laboratories, or to other wards for some special examination. It is believed this could be eliminated with better coordination for the appointments between the medical, nursing and clerical staffs. Otherwise, there is no general complaint of a major nature. Any minor complaints are mainly due to shortage of personnel.

2. Question. Has remedial action been taken by the Veterans' Administration in these cases or others which may have been previously reported?

Answer. Any complaint received and reported to the manager or chief medical officer has been given prompt attention and has been corrected.

3. Question. What is your opinion of the relative standards of treatment in the veterans' hospital as compared to the State, county, and municipal institutions in the same area?

Answer. The standards of treatment in Veterans' Administration hospitals in the area are higher than in State, county, or municipal institutions.

4. Question. Do the manager, chief medical officer and/or clinical director feel they have sufficient authority to run the hospital as efficiently as they might desire?

Answer. It is our opinion that sufficient authority is not given by central officer to the manager, chief medical officer, or clinical director to run the hospital competently and efficiently, although they would be perfectly capable of doing so if there was an easing up of centralized control and domination.

5. Question. Do they feel that there are undue restrictions and regulations under which they must function? If so, kindly specify in what way.

Answer. It is definitely our opinion that there is undue restriction in regulations, and that more latitude and confidence should be placed in field officials.

6. Question. Do they feel they have sufficient authority and latitude to employ competent doctors, nurses, and attendants?

Answer. Under the present set-up they do not have any latitude or authority in selecting doctors, practically all of whom are now being transferred in from the Army or Navy, and as a result some undesirable medical personnel must be accepted against their better judgment.

7. Question. Do they have encouragement and support in research, in participating in clinical meetings, symposiums, medical lecture courses, etc.?

Answer. They do not receive proper support for research work, and there is no proper set-up for same. It is difficult to properly participate in certain medical meetings because although Army, Navy, and Public Health Service doctors are recognized by the American Medical Association, State and county medical associations, Veterans' Administration physicians are not, unless they are licensed to practice in the State in which they are employed by the Veterans' Administration. It is also necessary that doctors on civil-service status of the



Veterans' Administration obtain higher authority from central office to take annual leave in order to attend medical meetings, lecture courses, etc.

8. Question. What definite complaints, if any, are there as to the quality, quantity, variety, and preparation of food in the veterans' hospitals?

Answer. No complaints have been called to our attention.

9. Question. Have there been or are there any specific cases of alleged abuse or neglect of patients?

Answer. On rare occasions when such cases have been called to our attention we in turn have called it to the attention of the management and have been immediately investigated and corrected.

10. Question. Are the recreational facilities adequate?

Answer. The answer is "No," principally because of lack of proper space.

11. Question. Is the canteen service satisfactory, and are the prices charged veterans reasonable? If not, please describe.

Answer. Yes.

12. Question. Are the medical equipment and clinical arrangements satisfactory?

Answer. The answer is "Yes," with the exception that the out-patient facility is badly overcrowded.

13. Question. Are the periods of hospitalization proper? Too long? Too brief?

Answer. The answer is "Yes," with the exception that it has been our experience on occasion, patients have been held longer than necessary for their proper treatment by the reason of the necessity of giving them proper examinations for their service-connected disabilities.

14. Question. Do patients feel they are required to remain in receiving wards too long before complete examinations and treatment are started?

Answer. The present movement of patients from the receiving ward is very prompt and is usually accomplished in 48 hours.

15. Question. How about cleanliness and neatness in the buildings and on the grounds?

Answer. Very satisfactory, considering the shortage and type of personnel.

16. Question. Is it felt that the discipline and morale of the patients are satisfactory?

Answer. Yes.

17. Question. Are the transportation facilities to and from the hospital adequate?

Answer. Yes.

18. Question. Is the contact service considered satisfactory and adequate by the American Legion?

Answer. With the large expansion of the personnel in the contact service, the major part of it is made up of inexperienced personnel; however, they are being given a good training program and it is believed it will eventually be adequate and satisfactory.

19. Question. How does the ratio of patients to full-time physicians and surgeons, nurses, and attendants in the veterans' hospital compare to that in State, county, and municipal institutions?

Answer. The ratio is higher in this hospital than in any State, county, or municipal institution in this territory.

20. Question. Are the patients too crowded? Is there sufficient floor space per patient?

Answer. The standard bed capacity of the general medical and surgical hospital is 1,080 beds. The present bed capacity is 1,174; therefore, there is overcrowding. However, this has been necessary in order to take care of the present load, because of central office's failure to provide adequate beds in this territory.

21. Question. How do you find the discipline and morale of the hospital personnel? What are their complaints, if any?

Answer. We do not find the morale of the Army and Navy doctors who have been transferred to the hospital here for duty very high. Most of them are dissatisfied and would prefer either active service or return to private practice. The morale of the nurses has improved with the additional help that has been given them by the assignment of cadet nurses. Discipline, attitude, and morale of attendants, which is composed of Army personnel, is bad. They are not satisfied or happy, dislike hospital routine, and most of them would prefer more active service. Although the morale of the nurses has been improved, it would be boosted materially if they were put in uniform and commissioned as Army nurses. Quarters provided for nurses at this facility are not satisfactory and there is dissatisfaction over this.



22. Question. What is your recommendation as to type and number of additional beds that may be required for the new load?

Answer. We recommend an additional 2,500 general medical and surgical beds for the Los Angeles facility to include adequate beds for women patients. We also recommend an additional 100 NP beds for women, other than is now being built.

23. Question. What percentage of the patients are leaving the hospital against medical advice? Why?

Answer. A review of the statistics of the hospital here would indicate only about 3 percent are leaving the hospital against medical advice. These are mostly World War II veterans who have been transferred to the facility for discharge and further treatment, but prefer to go home. Others give different reasons, dislike of hospital routine, etc.

24. Question. What percentage of patients without dependents leave the hospitals against medical advice due to the reduction in pension while being hospitalized?

Answer. We have no means of knowing what this percentage is but we believe it is negligible.

25. Question. Could better personnel care be furnished with staff aide program of Wacs trained in hospital routine, thus relieving nurses for more important duties?

Answer. The answer is "Yes." Any trained personnel would be of valuable assistance.

26. Question. Are there any complaints on the part of the patients regarding the lack of information given them as to their physical condition and advice as to future treatment upon being discharged from the hospital?

Answer. Yes. It is our opinion that the Veterans' Administration, due to the policy emanating from central office, have never properly encouraged relationship between doctor and patient that exists in private practice, and that there is a definite lack of information given to patients regarding their physical conditions, and due to the pressure of work any proper and detailed explanation as to future treatment and care is not given.

27. Question. What general or specific recommendations would you offer as to the medical treatment and hospital care of veterans in Veterans' Administration facilities?

Answer. (1) First and foremost we recommend that without further delay, arrangements be made to secure or construct additional medical and surgical beds for southern California.

(2) That as a general policy it is inadvisable to hospitalize Veterans' Administration patients in Army and Navy hospitals—at present the Veterans' Administration has 150 beds at the Army Hospital at Pasadena, 100 beds at the United States Naval Hospital at Long Beach, and 250 beds at the United States Naval Hospital at San Diego—and that this makeshift program be discontinued as soon as possible.

(3) Salaries for Veterans' Administration physicians are inadequate, particularly those paid for specialists. Many young doctors have come into the service who have rendered excellent service and have received their ratings of specialists in surgery, cardiology, or other lines. These men, as the result, are promoted to grade 5. However, if this grade is exceeded it means that the doctor must step into an executive position rather than to continue with the active practice of medicine. Many of the men now in the Veterans' Administration who have received grade 5 are young men in their early forties and they do not feel that they are ready to relinquish the practice of medicine for the position of clinical director or some kindred position that takes them out of the field of the active practice of medicine and surgery. It is felt that these men should be allowed further promotion commensurate with the degree of their ability and value to the Administration as doctors.

(4) It is our opinion that attendants have always been underpaid by the Veterans' Administration, who have made no provision for real promotion, as do county and State institutions. As a result, the Veterans' Administration cannot attract the better class of personnel of this type, and when the attendants they do get become properly trained for special duty such as, in handling surgical cases and other special training, then leave and obtain better paying position in county and State institutions.

J. EARL MERIFIELD,  
*Department Service Officer, Southern California.*  
LEWIS S. SLONEKER,  
*National Field Secretary.*

## QUESTION TO BE ANSWERED AS TO EACH VETERANS' HOSPITAL

(Kindly respond in same numerical order, and airmail the report to National Commander Scheiberling, Washington 6, D. C.)

Name of hospital: Veterans' Administration facility.

Address: Palo Alto, Calif. (N. P.; 1,417 beds).

1. Question. Are there any general or specific complaints on the medical treatment and hospital care received by the patients? If so, please describe briefly.

Answer. No.

2. Question. Has remedial action been taken by the Veterans' Administration in these cases or others which may have been previously reported?

Answer. No previous complaints.

3. Answer. What is your opinion of the relative standards of treatment in the veterans' hospitals as compared to the State, county, and municipal institutions in the same area?

Answer. This institution is so far ahead of State hospitals for the treatment of mental cases that there is no comparison whatsoever.

4. Question. Do the manager, chief medical officer and/or clinical director feel they have sufficient authority to run the hospital as efficiently as they might desire?

Answer. I believe the authority is sufficient for this station.

5. Question. Do they feel that there are undue restrictions and regulations under which they must function? If so, kindly specify in what way.

Answer. I cannot think of a restriction that would affect this hospital.

6. Answer. Do they feel they have sufficient authority and latitude to employ competent doctors, nurses, and attendants?

Answer. Possibly central office could extend authority for the employment of doctors and nurses.

7. Question. Do they have encouragement and support in research, in participating in clinical meetings, symposiums, medical lecture courses, etc?

Answer. I find no disagreement among the doctors at this station on this subject.

8. Question. What definite complaints, if any, are there as to the quality, quantity, variety, and preparation of food in the veterans' hospitals?

Answer. The food in this station appears, to me, to be satisfactory.

9. Question. Have there been or are there any specific cases of alleged abuse or neglect of patients?

Answer. I have never known of a case of neglect of the patients.

10. Question. Are the recreational facilities adequate?

Answer. The patients here have beautiful grounds, baseball parks, etc., which appear to be adequate.

11. Question. Is the canteen service satisfactory, and are the prices charged veterans reasonable? If not, please describe.

Answer. The canteen service here is quite large and prices are within keeping.

12. Question. Are the medical equipment and clinical arrangements satisfactory?

Answer. My only suggestion would be a full-time surgeon and specialist on internal medicine.

13. Question. Are the periods of hospitalization proper? Too long? Too brief?

Answer. A layman cannot answer such a question.

14. Question. Do patients feel they are required to remain in receiving wards too long before complete examinations and treatment are started?

Answer. It would be difficult to answer this question as all of the patients are psychotic.

15. Question. How about cleanliness and neatness in the buildings and on the grounds?

Answer. At no time have I ever been able to criticize this hospital for the lack of cleanliness.

16. Question. Is it felt that the discipline and morale of the patients are satisfactory?

Answer. I think the discipline and morale is satisfactory.

17. Question. Are the transportation facilities to and from the hospital adequate?

Answer. Transportation is O. K. with regular city bus service.

18. Question. Is the contact service considered satisfactory and adequate by the American Legion?

Answer. Since central office granted authority for a full-time contact officer at this station I have no complaint.

19. Question. How does the ratio of patients to full-time physicians and surgeons, nurses, and attendants in the veterans' hospital compare to that in State, county, and municipal institutions?

Answer. The ratio of doctors to patients appears to be satisfactory.

20. Question. Are the patients too crowded? Is there sufficient floor space per patient?

Answer. It would appear to me that there are about 15 percent too many patients at the present time.

21. Question. How do you find the discipline and morale of the hospital personnel? What are their complaints, if any?

Answer. The morale of the personnel has always been satisfactory due to the genial disposition and executive ability of the manager.

22. Question. What is your recommendation as to type and number of additional beds that may be required for the new load?

Answer. The American Legion, Department of California, urges the erection of a new NP hospital with not less than 1,000 beds immediately.

23. Question. What percentage of the patients are leaving the hospital against medical advice? Why?

Answer. Mental patients who leave the hospital against medical advice are very small in number and they are not responsible for their actions.

24. Question. What percentage of patients without dependents leave the hospitals against medical advice due to the reduction in pension while being hospitalized?

Answer. Due to the type of disability that the patients in this hospital suffer from, it would be impossible to answer this question.

25. Question. Could better personal care be furnished with staff-aide program of Wacs trained in hospital routine, thus relieving nurses for more important duties?

Answer. It would be nothing short of criminal to have a staff-aide program composed of Wacs in a mental hospital.

26. Question. Are there any complaints on the part of the patients regarding the lack of information given them as to their physical condition and advice as to future treatment upon being discharged from the hospital?

Answer. Such a question would hardly apply to a mental hospital.

27. Question. What general or specific recommendations would you offer as to the medical treatment and hospital care of veterans in Veterans' Administration facilities?

Answer. I would recommend that no additions be completed at this station as it would deprive the patients of the ground needed for recreational activities, and the utilities now in use could not possibly service additional buildings. A complete new hospital should be built in northern California to care for mental patients with adequate infirmary beds and provisions to segregate the elderly senile dementias from the younger veterans of World War II.

The most urgent need at the present time is adequate provision for NP women veterans and infirmary wards for treatment of psychotic veterans who are also suffering from tuberculosis.

CHAS. R. FARRINGTON,  
*Department Service Officer.*

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THE AMERICAN LEGION.  
VETERANS' ADMINISTRATION,  
*Los Angeles, 25, Calif., April 30, 1945.*

Name of hospital: United States Veterans' Administration hospital.

Address: San Fernando, Calif. (Tuberculos's, 403 beds).

1. Question. Are there any general or specific complaints on the medical treatment and hospital care received by the patients? If so, please describe fully.

Answer. There are no general or specific complaints regarding medical treatment and hospital care at this hospital other than those that may be mentioned later in this report. The general feeling is that the care and treatment is satisfactory.



2. Question. Has remedial action been taken by the Veterans' Administration in these cases or others which may have been previously reported?

Answer. In the very few instances where complaints have been registered, the Administration has been prompt in taking action, and the veteran has expressed himself as satisfied.

3. Question. What is your opinion of the relative standards of treatment in the veterans' hospitals as compared to the state, county, and municipal institutions in the same area?

Answer. Comparing this hospital with the county tubercular sanitariums, it is our opinion that standards of treatment at San Fernando Hospital are higher.

4. Question. Do the manager, chief medical officer, and/or clinical director feel they have sufficient authority to run the hospital as efficiently as they might desire?

Answer. It cannot be expected that the officials at the hospital would be willing to give a negative reply to this question. However, it is our opinion that the officials at San Fernando, as well as at other facilities, are handicapped in the efficient management of stations by central office. Central office has through its years of promulgation, regulations, and procedure, and instructions, in an attempt to cover any possible contingency has taken away practically all authority for any field officials to act on his own initiative. As the result the patient suffers because of the long delay necessitated in obtaining authority from Washington on many minor matters in which field officials should be given authority to act.

5. Question. Do they feel that there are undue restrictions and regulations under which they must function? If so, kindly specify in what way.

Answer. It is believed that this question is covered by our answer to No. 4.

6. Question. Do they feel they have sufficient authority and latitude to employ competent doctors, nurses, and attendants?

A. In respect to doctors, the local officials have absolutely no authority or latitude in their employment. They are obliged to accept those who are assigned, and we all know that in certain instances the assignments that are made did not meet with the approval of the local officials.

7. Question. Do they have encouragement and support in research, in participating in clinical meetings, symposiums, medical lecture courses, etc.?

Answer. There is little, if any, support given officials in research work. The laboratories are not adequate for such work and they are hard pressed to keep up with the routine work needed in connection with the patients. The doctors, of course, are urged to attend the clinical meetings, medical lectures, etc. This can only be done under difficulty and they are not entitled to membership in the American Medical Association, or State and county societies, and must either obtain prior authority from Washington to attend such meetings or take annual leave.

8. Question. What definite complaints, if any, are there as to the quality, quantity, variety and preparation of food in the veterans' hospitals?

Answer. San Fernando Hospital has always enjoyed a very fine reputation among veterans for its high quality and quantity of food that is served. There are no complaints whatsoever on this score and it is a tribute to the personnel of the hospital that this high standard has been kept up under present circumstances. There has been a shortage of personnel in the kitchen, and some of the better qualified personnel have found positions in State and county institutions who apparently are in a condition to pay better salaries than the Veterans' Administration.

9. Question. Have there been or are there any specific cases of alleged abuse or neglect of patients?

Answer. No such cases have been reported.

10. Question. Are the recreational facilities adequate?

Answer. Yes.

11. Question. Is the canteen service satisfactory, and are the prices charged veterans reasonable? If not, please describe.

Answer. Yes.

12. Question. Are the medical equipment and clinical arrangements satisfactory?

Answer. The answer is yes, with the exception that more floor space is needed for administering pneumo-thorax, and in the operating room.

13. Question. Are the periods of hospitalization proper? Too long? Too brief?

Answer. It is believed that the situation in this report is satisfactory.

14. Question. Do patients feel they are required to remain in receiving wards too long before complete examinations and treatment are started?

Answer. There are no complaints in this respect.

15. Question. How about cleanliness and neatness in the buildings and on the grounds?

Answer. A high standard is maintained.

16. Question. Is it felt that the discipline and morale of the patients are satisfactory?

Answer. It appears to be satisfactory.

17. Question. Are the transportation facilities to and from the hospital adequate?

Answer. The answer is, very poor, and there is much dissatisfaction in this respect. There are only four busses a day from the city of San Fernando to the facility, and this occasions an extreme hardship on both the patients and the personnel. It is understood that a number of the personnel have resigned because of the transportation situation. Other than busses there is no transportation available except taxicab service.

18. Question. Is the contact service considered satisfactory and adequate by the American Legion?

Answer. Everyone appears to be well satisfied with the contact service.

19. Question. How does the ratio of patients to full-time physicians and surgeons, nurses, and attendants in the veterans' hospital compare to that in State, county, and municipal institutions?

Answer. There is only one county institution with which a comparison could be made with San Fernando, and that is the Olive View Sanitorium for tubercular patients, and attached hereto you will find a comparison between the two institutions which will give you the ratio requested.

20. Question. Are the patients too crowded? Is there sufficient floor space per patient?

Answer. There is adequate space for every man now hospitalized, and there is no crowding.

21. Question. How do you find the discipline and morale of the hospital personnel? What are their complaints, if any?

Answer. The discipline and morale of the hospital personnel at San Fernando has been generally high. There has been dissatisfaction with transportation as previously mentioned, and the discipline and morale of the Army hospital attendants is not as high as it should be. However, there has been no specific complaints.

22. Question. What is your recommendation as to type and number of additional beds that may be required for the new load?

Answer. Those responsible for the lack of tubercular beds in southern California cannot be too strongly denounced. Even before Pearl Harbor, attention was repeatedly called to the lack of sufficient tubercular beds in southern California. Although attention has constantly been called to this situation, as far as we know, no plans whatsoever have yet been made to remedy it, and it is difficult to see how the administrator could possibly explain his failure to act. There is at the present time and has been for years a waiting list of tuberculars needing hospitalization. For years it has been necessary to send patients to Arizona for treatment. Both tubercular hospitals in that State are now filled to overflowing and have waiting lists. It has been necessary recently to send applications for hospitalization for tubercular patients as far as Fort Bayard, N. Mex., 700 miles from Los Angeles, and to Walla Walla, Wash., 1,300 miles from Los Angeles. There are many tubercular veterans needing hospital care who refuse to go that far from their homes. It was obvious long ago that facilities which were earning for tubercular patients were going to be entirely inadequate. Provisions must be made at once for additional tubercular beds in southern California, and a building program of 500 beds should immediately be started.

23. Question. What percentage of the patients are leaving the hospital against medical advice? Why?

Answer. Attached hereto you will find a detailed report on all discharges from the San Fernando Facility, from January 1 to December 31, 1944.

24. Question. What percentage of patients without dependents leave the hospital against medical advice due to the reduction in pension while being hospitalized?

Answer. It is impossible to get any exact figures on this question, but it is believed that the percentage is quite high, particularly in a particular hospital like this one where the period of hospitalization is a drawn-out affair.

25. Question. Could better personal care be furnished with staff aide program of Waacs trained in hospital routine, thus relieving nurses for more important duties?

Answer. In our opinion, any additional personnel trained to the hospital routine would be appreciated, welcome, and helpful.

26. Question. Are there any complaints on the part of the patients regarding the lack of information given them as to their physical condition and advice as to future treatment upon being discharged from the hospital?

Answer. The answer to this is "Yes." Practically all the patients are agreed that the situation in this respect is unsatisfactory. They feel that the doctors should take more time in discussing their individual cases with them. They all feel that they should have more information in connection with the extent of the degree of involvement of their tubercular condition in order that they can take proper care of themselves. They do not feel that merely to be admonished that they are jeopardizing their health if they leave against medical advice, or even, when leaving with a maximum hospital benefit discharge, to be told to take it easy, is sufficient. They want more information both as to their disability and how properly to take care of themselves.

27. Question. What general or specific recommendations would you offer as to the medical treatment and hospital care of veterans in Veterans' Administration facilities?

Answer. Insofar as San Fernando Hospital is concerned, we are of the opinion that the care given patients at this hospital is excellent, and that any complaints as to medical care, etc., that arises in an individual case will be promptly taken care of by the staff. Other than recommendations already made in this report, we have no others to offer, except that the recommendations made in our accompanying report that has to do with the Los Angeles Facility, equally applies to this facility.

J. EARL MERIFIELD,

*Department Service Officer, Southern California.*

LEWIS S. SLONEKER,

*National Field Secretary.*

*Patients receiving treatment for tuberculosis and discharged during period  
Jan. 1 to Dec. 31, 1944*

Total number of discharges (includes 144 patients who had previously been patients)-----	408
Against medical advice-----	94
Improved-----	75
Apparently arrested-----	1
Quiescent-----	6
Active-----	68
Unimproved (active)-----	19
Absent without official leave (includes 15 discharged from leave)----	77
Improved-----	52
Quiescent-----	1
Active-----	51
Unimproved-----	25
Probably tuberculosis-----	2
Activity undetermined-----	1
Active-----	22
Maximum hospital benefit-----	76
Improved-----	71
Inactive-----	2
Quiescent-----	3
Active-----	66
Unimproved (active)-----	5
Discharged by disciplinary board (improved, active)-----	4



*Patients receiving treatment for tuberculosis and discharged during period  
Jan. 1 to Dec. 31, 1944—Continued*

Total number of discharges—Continued

Deaths ----- 72

Transferred from Veterans' Administration facility:

Los Angeles ----- 23  
Whipple, Ariz. ----- 1  
Livermore, Calif. ----- 1  
Admitted as emergencies ----- 19  
Admitted as regular ----- 28

Treatment completed (arrested) ----- 17

Ineligible for treatment by Veterans' Administration ----- 1

Not in need of hospitalization for treatment of tuberculosis ----- 2

Emergency ceased ----- 29

Improved (active) ----- 24

Unimproved ----- 5

Transfers to other facilities ----- 29

Improved ----- 11

Active ----- 9

Quiescent ----- 2

Unimproved ----- 18

Terminal ----- 4

Inactive ----- 1

Active ----- 13

At own request ----- 7

Improved ----- 4

Quiescent ----- 1

Unimproved ----- 2

	Olive View Sanatorium	Veterans' Ad- ministration Facility
Bed capacity	950	394
Average age of patients	30	+45
Total patients treated, 1944	1,787	747
Death rate	percent. 7.04	9.6
Discharged against medical advice, 1944	do. 36.0	42.1
Cases receiving collapse therapy	do. 51.93	45.2
Number of full-time physicians	15	14
Ratio to patients	1-64	1-28
Average of nurses	94	55
Ratio of patients	1-10.2	1-7½
Ward attendants	86	47
Ratio to patients	1-11.1	1-8½
Mess attendants	90	39
Ratio to patients	1-10.7	1-8.5
Dietitians	1	3
Physical-therapy aides	6	2
Laboratory assistants	9	2
X-ray technicians	3	1
Dental assistant	1	1
Net operating cost per day	\$3.827	\$5.02

THE AMERICAN LEGION,  
DEPARTMENT OF COLORADO,  
Denver, Colo., April 7, 1945

Mr. EDWARD N. SCHEIBERLING,  
National Commander, the American Legion,  
Indianapolis 6, Ind.

DEAR ED: Immediately on receipt of your mimeographed letter and follow-up telegram, I made a visit to and investigation of the United States Veterans' facility (strictly NP) at Fort Lyon, Colo., on Monday, April 2, accompanied by Department Adjt. M. L. Lyckholm.

We made this investigation not knowing at the time that National Field Secretary Bernard A. Gates had just shortly before made an investigation; therefore, our findings were not biased by any report of his. However, I am enclosing copies of his reports on his July 1944 and March 1945 visits for your information.

To briefly give you the picture, I return herewith your questionnaire, properly completed, and believe this gives you the full picture, especially when read in connection with Gates' separate reports.

We believe Dr. Shrout, the medical officer in charge, is most capable, conscientious, and as effective as facilities will permit.

Very sincerely yours,

ALBERT F. CRUSE,  
Department Commander.

#### QUESTIONS TO BE ANSWERED AS TO EACH VETERANS' HOSPITAL

(Kindly respond in same numerical order, and air mail the report to National Commander Scheiberling, Washington 6, D. C.)

Name of hospital: Veterans' Administration facility.

Address: Fort Lyon, Colo. (Neuropsychiatric, 1,026 beds).

1. Question. Are there any general or specific complaints on the medical treatment and hospital care received by the patients? If so, please describe briefly.

Answer. None.

2. Question. Has remedial action been taken by the Veterans' Administration in these cases or others which may have been previously reported?

Answer. None previously reported.

3. Question. What is your opinion of the relative standards of treatment in the veterans' hospitals as compared to the State, county, and municipal institutions in the same area?

Answer. Equal or better.

4. Question. Do the manager, chief medical officer, and/or clinical director feel they have sufficient authority to run the hospital as efficiently as they might desire?

Answer. Yes, so far as we could learn.

5. Question. Do they feel that there are undue restrictions and regulations under which they must function? If so, kindly specify in what way.

Answer. No undue restrictions apparent. (Federal regulations sometimes slow authority to act.)

6. Question. Do they feel they have sufficient authority and latitude to employ competent doctors, nurses, and attendants?

Answer. Yes.

7. Question. Do they have encouragement and support in research, in participating in clinical meetings, symposiums, medical lecture courses, etc.?

Answer. Have encouragement but insufficient time.

8. Question. What definite complaints, if any, are there as to the quality, quantity, variety, and preparation of food in the veterans' hospitals?

Answer. No definite complaints. Situation good. Food situation seems to have taken a definite upturn in the last 6 months.

9. Question. Have there been or are there any specific cases of alleged abuse or neglect of patients?

Answer. We were unable to find any evidence of abuse.

10. Question. Are the recreational facilities adequate?

Answer. Facilities adequate. (Read 5 of report of Bernard A. Gates, field secretary.)

11. Question. Is the canteen service satisfactory, and are the prices charged veterans reasonable? If not, please describe.

Answer. Yes. Prices charged reasonable, and prices posted at all times. Standard charge of 10 cents for cashing checks.

12. Question. Are the medical equipment and clinical arrangements satisfactory?

Answer. Yes. They are satisfactory, but advise the purchase of new X-ray, photostat, electro-cardiograph, and fluoroscope equipment as soon as available.

13. Question. Are the periods of hospitalization proper? Too long? Too brief?

Answer. Not unduly prolonged for this type of hospital.

14. Question. Do patients feel they are required to remain in receiving wards too long before complete examinations and treatment are started?

Answer. Clearance of receiving wards seems to be prompt.

15. Question. How about cleanliness and neatness in the buildings and on the grounds?

Answer. Grounds excellent; streets recently paved; buildings kept in good repair and wards clean and tidy.

16. Question. Is it felt that the discipline and morale of the patients are satisfactory?

Answer. Yes—so far as can be determined from this type of patient.

17. Question. Are the transportation facilities to and from the hospital adequate?

Answer. Yes.

18. Question. Is the contact service considered satisfactory and adequate by the American Legion?

Answer. Yes, very satisfactory.

19. Question. How does the ratio of patients to full-time physicians and surgeons, nurses, and attendants in the veterans' hospital compare to that in State, county, and municipal institutions?

Answer. Ratio compares very favorably.

20. Question. Are the patients too crowded? Is there sufficient floor space per patient?

Answer. Patients are crowded. Normal capacity of facility 879, emergency capacity 1,026, present load 1,020. Overcrowded condition, but not considered serious at the present time.

21. Question. How do you find the discipline and morale of the hospital personnel? What are their complaints, if any?

Answer. Good; no complaints.

22. Question. What is your recommendation as to type and number of additional beds that may be required for the new load?

Answer. See recommendations in answer to question 27.

23. Question. What percentage of the patients are leaving the hospital against medical advice? Why?

Answer. Very small percentage leave against medical advice. Relatives, not conditions, are responsible in those cases.

24. Question. What percentage of patients without dependents leave the hospitals against medical advice due to the reduction in pension while being hospitalized?

Answer. None.

25. Question. Could better personal care be furnished with staff aide program of WACs trained in hospital routine, thus relieving nurses for more important duties?

Answer. No. Not at this type of hospital.

26. Question. Are there any complaints on the part of the patients regarding the lack of information given them as to their physical condition and advice as to future treatment upon being discharged from the hospital?

Answer. No.

27. Question. What general or specific recommendations would you offer as to the medical treatment and hospital care of veterans in Veterans' Administration facilities?

Answer. More medical, nursing, and attendant personnel; maintenance of high standard of food; adequate recreational facilities; maintenance of highest standard in the way of medical equipment.



Regarding the facility at Fort Lyon, we earnestly urge a speed-up of construction now under way, and other construction as proposed. Completion of the present construction will provide 160 more beds, which will take care of the present overcrowded conditions, but such facilities will not be ready until some time in the early part of 1946. Unless there is a speed-up of additional construction, a critically overcrowded condition will result.

With reference to safety, an O. D. is on duty at all times, with a stand-by O. D. always available; and either or both the chief medical officer or the medical officer in charge are always available. At least one orderly is on duty at all times in each ward. Fire hazard is no factor except in building 201, which should be replaced promptly. This should be additional to other proposed future construction.

THE AMERICAN LEGION, DEPARTMENT OF CONNECTICUT,  
*Hartford, Conn., April 24, 1945.*

THE AMERICAN LEGION,  
*Washington, D. C.*  
(Attention T. O. Kraabel.)

DEAR MR. KRAABEL: Enclosed you will please find a report on conditions at the veterans' hospital, Newington, Conn., this report in answer to the request of National Commander Scheiberling that department commanders make investigations and report the findings according to questions advanced. The report is made by numbers corresponding to questions.

The committee for the Department of Connecticut was as follows: Department Commander Herbert I. Emanuelson, ex officio; Anson T. McCook, Hartford, Conn.; Sanford H. Wadhams, Hartford, Conn.

Sincerely yours,

PIERCE U. CLARK, *Department Adjutant.*

ANSWER TO NUMBERED QUESTIONS CONTAINED IN NATIONAL COMMANDER'S  
QUESTIONNAIRE

Name of hospital: Veterans' hospital.

Address: Newington, Conn. (General medical and surgical; 473 beds).

1. Answer. No complaints have been lodged with the undersigned, and no general complaints as to medical treatment and hospital care have been brought to our attention. This hospital appears to bear a very good general reputation.

As to specific complaints, two have come to our attention: (a) Alleged indifference shown in an examination by a junior member of the staff; (b) alleged failure to admit a patient complaining of rectal trouble who later developed a rectal abscess as reported in a newspaper.

The former appears to have been substantiated but acted upon immediately by the hospital. The latter appears to have been greatly exaggerated although substantiated. We believe that justifiable complaints are few.

2. Answer. In the two comparatively minor cases above cited the members of the staff involved were cautioned.

3. Answer. By reputation the Veterans' hospital at Newington compares favorably.

4. Answer. Yes.

5. Answer. No.

6. Answer. Yes.

7. Answer. Yes. The professional staff appears to be well organized. The members meet weekly at which time one member presents a paper on research work carried out in his own field.

The percentage of autopsies amongst those dying in the hospital is very good. All cases going to autopsies are reported on in full at staff meetings as soon as the pathologist's study has been completed.

Medical officers are extended courtesies of the Hartford Medical Society.

The hospital laboratory is well equipped, and the work done is of high order. Relations with the laboratory of the State health department are cordial. Laboratory records are well kept. The X-ray equipment is good and the service furnished excellent. The dental equipment is complete and supplies are ample. It is unfortunate that the dental officer in charge must spend much of his time on paper work, apparently necessitated by legal requirements.

8. Answer. None. The food is highly praised by the patients. Our inspections confirm this.

9. Answer. None reported, except as under question 1.

10. Answer. Yes; but will be outgrown soon. Some renovation advisable, unless replacement is contemplated.

11. Answer. Satisfactory and reasonable.

12. Answer. Equipment and arrangement satisfactory, except space insufficient. Some 14 months ago the undersigned reported operating rooms and surgical facilities to be inadequate. We are informed that the central office now has approved plans to correct this condition, but the fact remains that they are not yet installed. See also answer No. 7.

13. Answer. Impossible to determine without exhaustive analysis, but the indications are that the periods of hospitalization are generally sound.

14. Answer. No complaints have been called to our attention. Patients may have to wait 2 or 3 days if the surgical ward is crowded but the chief medical officer assures us that no urgent cases are ever delayed.

15. Answer. Excellent. Housekeeping good. Grounds, shrubbery, and lawn neat and well policed.

16. Yes. Morale appears definitely good. Discipline also except that impatience by some World War II veterans has been reported. This latter appears partly due to their misunderstanding of the word "discharge," which many of them think means discharge from treatment as well as discharge from the service. We suggest that Army and Navy authorities make this more clear at the time of discharge.

17. Answer. Yes.

18. Answer. Yes. On a very high plane.

19. Answer. Sufficient statistics are not available. Nor is there a real basis of comparison as to physicians and surgeons because of difference in systems. The Newington ratio of nurses and attendants would appear to be very favorable. There are at present 16 medical officers regularly assigned, and on duty to care for 320 patients, plus two rating officers and two dental officers. In addition there are two civilian specialists on a part-time basis. Five additional medical officers have been requested, this in anticipation of a steadily growing patient load.

The nursing staff now on duty totals 47 graduate nurses. The present hospital load appears to be well handled. Nine additional nurses have been authorized. The chief nurse impresses one as an unusual competent administrator.

There is an Army detachment of 2 officers and 77 enlisted men. The work of the detachment is good and contributes greatly to the general air of a well-run institution. If this detachment were to be withdrawn, a serious situation would result.

20. Answer. Patients in wards are somewhat crowded, but not dangerously so. However, more floor space is desirable. The load is growing. Our recommendations and those of others for an enlargement of the hospital of 14 months ago have not yet been given effect although apparently authorized by the central office. We earnestly recommend added facilities at once before the load becomes acute.

21. Answer. Appears to be good.

22. Answer. (a) Immediate construction: Additional general medical and surgical beds to bring the total to normal accommodations for at least 500 are urgently needed; (b) deferred but prompt construction: We anticipate that still another 200 or 300 beds may be required within a year. As above stated the recommendations of last year appeared to have been authorized but not yet made effective. We reiterate the need for promptitude.

23. Answer. The manager reports that 77 out of 2,781 left against medical advice in 1944 or somewhat less than 3 percent. That of these, 58 left for family, business, or personal reasons. And that only six expressed dissatisfaction as a cause of leaving, or about one-quarter of 1 percent.

24. Answer. The manager reports none.

25. No. Although WAC's could assist with paper work, it would not seem advisable to use them for hospital duties except in emergency.

26. Answer. Very few that appear justified. Although there is sometimes a misunderstanding as to physical condition, each patient appears before the discharge board and is advised as to his condition and future treatment.

27. Answer. (1) Prompt attention from central office to construction and other needs to meet the load which will soon be urgent. It is essential to aim ahead of a moving target. (2) We suggest that the selection of a thoroughly qualified and interested medical and surgical personnel in all veterans' hospitals be emphasized. We also suggest that inspections be frequent and thorough.

with some highly qualified and responsible medical officer or board connected with the central office to whom general or specific recommendations can be made with a view to their being considered and acted upon promptly. Although Newington is a very good hospital, this would help to maintain and increase its efficiency. (3) Building up of even closer contacts with local medical societies and with leading physicians and surgeons, possibly through a nonpaid consulting staff made up of representatives of local hospital staffs.

*Conclusion.*—The patients at Newington appear contented and the personnel generally alert, which is perhaps the best test. Our most recent inspection confirms this. We consider that the hospital compares favorably with local hospitals. We consider that the local selection of nurses and personnel, as permitted during the war emergency, has resulted in an unusually competent body of nurses and technicians. This and the generally satisfactory condition of the hospital reflect credit upon the manager, the chief medical officer and the head nurse. It also speaks well for the kindness and attention to duty of the employees generally and of the many volunteers, and for the cooperative spirit of the patients themselves. We are chiefly disturbed by the lag in providing facilities for the great load which undoubtedly impends.

THE AMERICAN LEGION,  
DEPARTMENT OF THE DISTRICT OF COLUMBIA,  
Washington, D. C., June 3, 1945.

MR. LEE R. PENNINGTON,

*Department Commander, the American Legion, Washington, D. C.*

DEAR COMMANDER PENNINGTON: Pursuant to request of March 6, 1945, your committee on Veterans' Administration affairs has conducted an extended survey of existing District of Columbia veterans' hospital facilities.

Based upon statistics available to it your committee finds that present requirements of veterans in this vicinity are adequately met by existing facilities.

This committee wishes to explain, however, that the situation in question is of a particularly fluid nature. In support of this statement we point out statistics showed that for the year ending October 1, 1944, the average daily patient load at Mount Alto was 291.94 (approximately 86 percent of available beds, which percentage gives a fair margin of safety under most conditions). Whereas, under date of June 1, 1945, the patient load was 311. (approximately 92 percent of available beds, which percentage does not give a fair margin of safety under most conditions).

With the known plans of the Army to discharge 2,000,000 soldiers during the current year we believe we are safe in predicting that the local daily patient load will within a comparatively short period of time increase to such an extent as to render present Veterans' Administration facilities totally inadequate.

As informative material on the subject we are annexing hereto copy of survey of existing local facilities made at the request of the national commander.

Respectfully submitted.

N. A. PAGNOTTA,  
JACOB N. HALPER,  
Dr. T. EDWARD JONES,  
WM. HARGRAVE, *Chairman*.

The following is submitted by the Department of the District of Columbia, the American Legion, in answer to questionnaire suggested by the national commander with respect to conditions existing at Mount Alto Hospital, Washington, D. C. (general medical and surgical, 327 beds):

1. Question. Are there any general or specific complaints on the medical treatment and hospital care received by the patients? If so, please describe briefly.

Answer. So far as is within our knowledge there are no specific or general complaints.

2. Question. Has remedial action been taken by the Veterans' Administration in these cases or others which may have been previously reported?

Answer. See question No. 1.

3. Question. What is your opinion of the relative standards of treatment in the veterans' hospitals as compared to the State, county, and municipal institutions in the same area?



Answer. The clinical facilities seem well organized, well equipped, and staffed by directors familiar with standard procedures in class A hospitals.

4. Question. Do the manager, chief medical officer, and/or clinical director feel they have sufficient authority to run the hospital as efficiently as they might desire?

Answer. Yes. Generally satisfactory.

5. Question. Do they feel that there are undue restrictions and regulations under which they must function? If so, kindly specify in what way.

Answer. Yes. Generally satisfactory.

6. Question. Do they feel they have sufficient authority and latitude to employ competent doctors, nurses, and attendants?

Answer. Doctors and nurses are employed by the central office and facility management is satisfied with that procedure. Sufficient authority and latitude for employment of attendants exists.

7. Question. Do they have encouragement and support in research, in participating in clinical meetings, symposiums, medical lecture courses, etc?

Answer. Yes. Medical Service of Veterans' Administration is lending its support and encouragement continually. Plans considered in the Rankin bill are thought to be splendid and would be very helpful if put into being.

8. Question. What definite complaints, if any, are there as to the quality, quantity, variety and preparation of food in the veterans' hospital?

Answer. There are no definite complaints as to the morning and midday meals. General dissatisfaction has been expressed to the evening meal, but such dissatisfaction is often expressed with reference to standard hospitals of this area.

9. Question. Have there been or are there any specific cases of alleged abuse or neglect of patients?

Answer. So far as is within our knowledge there are no specific or general complaints.

10. Question. Are the recreational facilities adequate?

Answer. So far as is within our knowledge there are no specific or general complaints, but personnel is insufficient.

11. Question. Is the canteen service satisfactory, and are the prices charged veterans reasonable? If not, please describe.

Answer. Seems to be satisfactory.

12. Question. Are the medical equipment and clinical arrangements satisfactory?

Answer. The medical equipment and clinical arrangements seem satisfactory, but a more detailed study of the daily patient load, together with the types of services rendered, is necessary before a complete and definite reply can be given. We are not in a position to make such a study. We feel that special attention should be called to the suite of operating rooms with its equipment and supply service which, in our opinion, approaches the ideal.

13. Question. Are the periods of hospitalization proper? Too long? Too brief?

Answer. Generally speaking it would seem hospitalization periods are proper. It is possible there is a tendency to liberality on non-service-connected hospitalization, but specific statistics on this subject are lacking.

14. Question. Do patients feel they are required to remain in receiving wards too long before complete examinations and treatment are started?

Answer. There is no general complaint in this regard. From data and information collected we are of the opinion the stay is not too long.

15. Question. How about cleanliness and neatness in the buildings and on the grounds?

Answer. Grounds are in excellent condition. As to buildings, specifically the dining room, kitchen, operating rooms are found to be in an excellent state of cleanliness. However, there are other areas in the buildings which are seemingly below standard.

16. Question. Is it felt that the discipline and morale of the patients are satisfactory?

Answer. Insofar as can be determined discipline and morale of patients are normal as far as institutional care is concerned.

17. Question. Are the transportation facilities to and from the hospital adequate?

Answer. Transportation facilities are adequate.

18. Question. Is the contact service considered satisfactory and adequate by the American Legion?

Answer. Generally speaking, yes.

19. Question. How does the ratio of patients to full-time physicians and surgeons, nurses, and attendants in the veterans' hospital compare to that in State, county, and municipal institutions?

Answer. Satisfactorily.

20. Question. Are the patients too crowded? Is there sufficient floor space for patient?

Answer. According to Veterans' Administration standards (70 square feet per bed) conditions are satisfactory.

21. Question. How do you find the discipline and morale of the hospital personnel? What are their complaints, if any?

Answer. Generally satisfactory. Pay and subsistence ratings affording pay increases might increase morale.

22. Question. What is your recommendations as to type and number of additional beds that may be required for the new load?

Answer. We recommend a new modern medical center providing 700 additional beds for general medical and surgery cases and to be located within the District of Columbia.

23. What percentage of the patients are leaving the hospital against medical advice? Why?

Answer. About 1 percent. Generally because of needs of family.

24. Question. What percentage of patients without dependents leave the hospitals against medical advice due to the reduction in pension while being hospitalized?

Answer. About 1 percent.

25. Question. Could better personal care be furnished with staff-aide program of Wacs trained in hospital routine, thus relieving nurses for more important duties?

Answer. We would look with disfavor upon staff-aide programs of Wacs. We believe the Cadet Nursing Corps will amply care for situation.

26. Question. Are there any complaints on the part of the patients regarding the lack of information given them as to their physical condition and advice as to future treatment upon being discharged from the hospital?

Answer. In such complaints as have come to our attention it has been found the reticence of the hospital has been for the best interest of the veteran patient and was justified.

27. Question. What general or specific recommendations would you offer as to the medical treatment and hospital care of veterans in Veterans' Administration facilities?

Answer. It is an accepted fact that to obtain the highest degree of medical treatment and hospital care application of the highest type of professional efficiency in first-class hospital accommodations is necessary and we recommend every possible effort to that end.

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DISTRICT OF COLUMBIA DEPARTMENT,  
DISABLED AMERICAN VETERANS, INC.,  
Washington, D. C., April 11, 1945.

Mr. MILTON D. COHN,  
National Commander, Disabled American Veterans,  
Washington, D. C.

DEAR COMMANDER COHN. This is a report of the special committee of the Department of the District of Columbia, Disabled American Veterans, to undertake a survey of the Veterans' Administration hospitals in our area. On April 3, 1945, the committee visited the Veterans' Administration hospital, known locally as Mount Alto Hospital. We are presenting this report in the method of suggested by you. We will append, after answering the 27 questions, a brief statement of comment.

1. Answer. We interviewed a cross section of the hospital patients at random. It is our estimate that approximately 10 percent of the population was questioned. The group was unanimous in being completely satisfied with the medical treatment and hospital care received. We might say that we went out of our way in an attempt to secure complaints and were completely unsuccessful in so doing.

2. Answer. The answer to question No. 1 covers this.



3. Answer. It is our opinion that the quality of treatment received in the Mount Alto Hospital is definitely superior to that received in the District of Columbia hospital, known as Gallinger Hospital. This applies not only to the character of the treatment but to the ratio of staff to patients and the quality of the apparatus in the hospital.

4. Answer. There is sufficient evidence to indicate that the manager not only has sufficient authority to run his hospital but gives every indication of exercising that authority. We will comment later upon the phases of the hospital that are outside of his authority.

5. Answer. There is doubt in the minds of the committee as to the advisability of running the hospital upon a budget system based upon quarterly accountings to the central office. If the hospitals were placed upon an annual budget, it might save considerable correspondence and time between the hospital and central office. It seems hardly necessary to ask central office four times a year to purchase, for example, routine laboratory supplies.

6. Answer. We feel it is evident that the manager has no authority to employ competent doctors, nurses, and attendants other than those provided for in the schedule of organization as issued by central office. Whether such authority should be vested in the manager of each facility is a question of policy we feel to be outside of the scope of our investigation.

7. Answer. It was the opinion of the manager that all functions relating to research were problems of the central office and not of the particular facilities. We saw very little evidence of any attempt by the staff as a whole to engage in research. However, we were very favorably impressed by one very small department attempting, with limited means and extremely limited facilities, to study cardiac conditions. The officer with whom we spoke made a very favorable impression, especially in contrast with other medical officers serving as chiefs of their services. Apparently all research programs are problems of central office and are not organized, directed, or supervised by the manager. As far as we were able to determine, no special efforts were made to encourage the staff to attend medical lectures, advanced courses, or otherwise improve their medical knowledge.

8. Answer. It is our opinion that the quality and type of diet provided is of the highest grade. The patients were in complete agreement that the food served to them was the equal, if not superior, to that received not only in other hospitals but in public restaurants. Your committee ate one meal at the hospital, in the general staff dining room, receiving the same meal as the rest of the staff and were very much impressed by the quality of food served.

9. Answer. The answer to this question is based upon the same contacts as mentioned in the answer to question No. 1. The answer is "No."

10. Answer. We feel that the recreational facilities for an institution of this type are quite adequate. The average length of stay of any one patient is sufficiently short not to require elaborate preparations to entertain him. In addition, 75 percent of the hospital is not ambulatory. Consequently, the provisions for the amusement of the remaining 25 percent were quite good.

11. Answer. The canteen is small. This is due to the fact that the hospital is centrally located and outside facilities for the purchase of small articles are immediately available. There was some discussion concerning the purchase of cigarettes, and the manager stated that the patients were permitted to purchase one pack a day at the price of 13 cents a pack. This, the committee felt to be satisfactory.

12. Answer. As far as medical equipment is concerned, it was apparent that the equipment was adequate and further that it was being used. While there are always additional pieces of equipment that a staff might desire to purchase, there was no evidence that they were lacking any equipment immediately needed for the satisfactory treatment of their patients. As for the buildings themselves and the arrangement of quarters, not only for the patients but for the laboratories, individual services and out-patient department, we feel that the only adequate statement would be that a complete new building is absolutely necessary. The manager of the facility is in complete agreement with this statement. We will elaborate briefly.

Four of the buildings in which patients are housed were constructed in 1917 for the purpose of educating women in domestic science. These buildings have no elevators; the floors are in extremely poor condition; and the entire area is not at all adapted for the purpose of treating patients under modern conditions. The out-patient department is in the basement, it is crowded, dark, unattractive, and generally unsatisfactory from the standpoint, not only of the patients, but



also of those obliged to work there for a full day. The most satisfactory series of rooms, we observed, were those devoted to surgery. They are apparently adequate for the surgical service in a small hospital; however, even here, complete facilities are lacking. Only two operating rooms are available and operations of a rather minor character, involving nose and throat or orthopedic prosthesis must be performed in the general operating room. It would be possible to continue further along similar lines but nothing would change the general conclusion that the only satisfactory remedy for the situation would be the erection of a generally modern hospital with adequate facilities commensurate with a facility for the size of Washington.

13. Answer. Any discussion of periods of hospitalization would require a detailed analysis of clinical records. It is impossible to enter a hospital and without a discussion with the medical officer in charge of each individual case to give an adequate answer to this question. From casual conversation with the patients, it would appear that they felt that the periods of hospitalization were adequate. No patient said that he felt that he was being discharged too soon. Perhaps on the contrary. One patient expressed wonderment as to the rather lengthy period he was being held for examination. It was apparent to us that the medical staff was making a genuine effort to give a satisfactory diagnosis followed by medical treatment of those patients to whom we spoke.

14. Answer. This question is answered in part in the answer to question No. 13. It is our opinion that the judgment of the medical officer in charge as to the length and time of examination for stay in receiving wards cannot be questioned too closely. Hospitals are busy and as a rule attempt to facilitate treatment of patients in order to provide beds for those clamoring for admission. There is no rule as to length of time a patient should remain in a receiving ward for preliminary examination. At times examination and diagnosis is a simple matter and can be accomplished speedily. Other times quite the reverse situation exists. It is not up to the patient to decide whether or not his stay is too long or too short. If confidence exists in the character of treatment received in general in a hospital, reliance must be placed upon the judgment of the medical officer in charge. Consequently, we feel that the period of stay in receiving wards, and also the period for examination, is to be judged by the individual case and is not a subject for generalization.

15. Answer. It might be a fair proximation to state that the newer buildings were maintained in a fair state of cleanliness and that quite the reverse was true in the old buildings. There did not seem to be any attempt to police the grounds uniformly. This might be expressed by an example. The section devoted to surgery was as clean as similar areas in our finest hospitals. On the other hand, the rooms devoted to basal metabolism studies and electrocardiography were far from clean. This would lead one to believe that the state of cleanliness of any particular area was a reflection upon the medical officer in charge of the area. If he was industrious and watchful, his area was clean. If contrarywise, then of course the area suffered. It might well be that inspections at more than weekly intervals might be a remedy.

16. Answer. We have no criticism of the discipline and morale of the patients.

17. Answer. The hospital is centrally located and there are no transportation difficulties.

18. Answer. The contact service is conducted by an employee of the Veterans' Administration. It is our opinion that his service is completely satisfactory.

19. Answer. The ratio of patients to full-time physicians, etc., is higher than that maintained by the other municipal institutions in the city of Washington. There is approximately one employee for every patient. This is an eminently satisfactory ratio.

20. Answer. In general the newer buildings area per patient is adequate. In the older buildings, there appeared to be some crowding; however, in general, no one seemed to suffer from lack of space.

21. Answer. It was rather difficult to assess the discipline and morale of the hospital personnel. There was considerable reluctance on the part of those to whom we spoke to express any opinion concerning matters relating to the hospital. There was an attempt always to leave with us the impression that everything was quite satisfactory. Even when the issue was pressed, we could receive no specific complaints. It was our opinion, however, that the character of the service of the various medical officers differed radically. Some of them impressed us as being extremely competent and capable while others seemed rather easy going and not too anxious to perform maximum services. We feel, however, that this situation would exist under almost any circumstances. If you doubled the salary of all of them, it would still be the same way.

22. Answer. We were unable to determine from an investigation of present facilities what a future load might be. This would require a study of a completely different type than the one conducted by us. However, we might reiterate that the only solution to the problem of supplying additional beds in this particular hospital is the construction of a new and larger building.

23. Answer. We attempted to ascertain the percentage of patients leaving the hospital against medical advice. We were able to secure statistics for only one period. However, the manager assured us that this particular period was representative. In this particular monthly interval, the percentage of patients leaving against medical advice, which included those going a. w. o. l., was approximately 6 percent. No attempt was made by the hospital staff to determine why the patients leave against medical advice. It would be well to request that there be included in the record of those patients leaving against medical advice a statement as to the reason given. Apparently the physician interviewing prior to discharge has this information, or may have this information, but is not required to make it a part of the record. Obviously, there are a number of factors that would induce a man to leave against medical advice, and it was the opinion of the manager that no one factor could be stressed above all others.

24. Answer. There was no apparent shortage of nurses. The manager advised us that a number of cadet nurses who were in the process of completing their training were serving in the hospital. He stated further that he had no knowledge as to the situation concerning the supplying of nurses inasmuch as this was a function of central office. He was asked if he believed it advisable to continue the cadet-nurse program in the postwar period, and again his reply was that this was a problem for central office. A number of enlisted personnel in the Army were serving as attendants and again the number so serving was apparently adequate. What the situation will be when such type personnel is no longer available is simply guessing. It is our own opinion that the cadet-nursing program should be continued during the immediate postwar period, but we doubt very much whether a WAC training program will be continued.

25. Answer. We were unable to secure any statistics that would permit us to give an intelligent answer to this question. No such information is on record in the hospital, and consequently we completely failed to secure sufficient information even to attempt an answer.

26. Answer. We did find one patient who, after being in the hospital for 8 days, complained of lack of information given as to his physical condition. The manager stated that in this particular case the reason why such information was not furnished was simply because it was unknown. We feel that if confidence is to be maintained in the staff of the veterans' facility there should be no insistence upon patients being given information as to their condition over and above that deemed advisable by the medical staff. However, we believe that upon discharge of a patient that he be given adequate information for him to govern his future. We found no evidence that this was not being done.

27. Answer. We feel that this investigation studied only one phase of the problem of medical treatment and hospital care. The other phase of the problem should be studied by a rather extensive investigation of central office. It was our opinion that all questions of policy are determined in central office, that the manager of the facility is rather limited in his ability to go beyond the findings of central office. If there is to be any radical change in the method of running hospitals and handling patients, that change will come from central office and not from any desire upon the part of an individual or facility manager.

We feel that one of the problems in the immediate postwar period will be securing adequate help in all positions in the facilities. It was apparent that one of the reasons why a number of positions were not filled was simply because competing agencies paid higher salaries. This was particularly true in many instances where those agencies were governmental. It is obvious that where other Government hospitals pay higher wages than does the Veterans' Administration that the veterans' hospitals will either secure no help or the "cast-offs" the other agencies. We feel further that in the postwar period in order to secure competent medical officers, it will be necessary to create a medical corps based upon similar lines now existing for the Army and the Navy. If the Veterans' Administration can pay and give ranks similar to those in other agencies and similar benefits, then they will be in position to secure equally competent help. If such a situation does not exist, it will be impossible to secure help competent to handle the hospitals in a manner satisfactory to the general public. We might add once again our overwhelming opinion of the



extreme importance of erecting a larger, more modern hospital in keeping with the character of the Nation's Capital. We feel that the old buildings now being used for the active handling of patients amounts to a public disgrace. We feel that the laboratory and research facilities available at the hospital are extremely meager, while we are aware of the fact that this is a problem of the central office. We feel that is one phase that should be studied when and if this investigation is properly completed by a study of the policies and arrangements existing in central office.

Respectfully submitted.

SPECIAL COMMITTEE, DISTRICT OF COLUMBIA DEPARTMENT, DAV,  
FOSCOLO C. HENDRICK, *Department Commander and Chairman.*

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REPORT OF INVESTIGATION OF THE UNITED STATES VETERANS' ADMINISTRATION  
FACILITY AT BAY PINES, FLA., GENERAL MEDICAL AND SURGICAL, 604 BEDS

It is thought that it would be well to make this report so that it will coincide with the questions as submitted by the national organization, and under each question add such additional remarks as might be considered pertinent.

It is further thought that this report would be more effective if it were not considered on the basis of a 1-day investigation but that it also contains the observation, over a period of time, by the State service officer, who is an accredited representative of all of the major veterans' organizations.

1. Question. Are there any general or specific complaints on the medical treatment and hospital care received by the patients? If so, please describe briefly.

Answer. From observation and inspection we find that there are no general or specific complaints at this facility by the patient of his medical treatment and hospital care. It is further noted that the discharge board at this facility asks this question of every veteran discharged from this facility and their answers have been, without exception, that they were satisfied.

2. Question. Has remedial action been taken by the Veterans' Administration in these cases or others which may have been previously reported?

Answer. Remedial action has been taken at this facility through the cooperation of the chief medical officer. The question of whether or not the veteran is satisfied has been injected and the chief medical officer at this facility is very anxious that the veteran get the full benefit of his hospitalization.

3. Question. What is your opinion of the relative standards of treatment in the veterans' hospitals as compared to the State, county, and municipal institutions in the same area?

Answer. Inquiry and observation and investigation at the Mound Park Hospital, St. Petersburg, Fla. (municipal), and the Tampa General Hospital, Tampa, Fla. (municipal), show that the equipment in Bay Pines and the treatment in Bay Pines and the laboratory work is far superior to either of the above-named hospitals.

4. Question. Do the manager, chief medical officer, and/or clinical director feel that they have sufficient authority to run the hospital as efficiently as they might desire?

Answer. This question is answered by making comparison of the treatment and laboratory work done at this facility under former chief medical officers and the improvements noted which clearly show that the responsible authorities at this hospital can, and do, improve this hospital to a great degree.

5. Question. Do they feel that there are undue restrictions and regulations under which they must function? If so, kindly specify in what way.

Answer. After questioning of the officials at this facility, the answer is an emphatic "No."

6. Question. Do they feel they have sufficient authority and latitude to employ competent doctors, nurses, and attendants?

Answer. The answer to this question is self-evident. The chief medical officer or clinical director has no authority in the employment of doctors and nurses. He is not allowed, under the regulations, to even pass on their respective qualifications. It is well known that this personnel is furnished through the Civil Service Commission and, once a doctor is assigned to a Veterans' Administration facility, it is practically an impossibility for the hospital authorities to dispose with his services. They do have, however, sufficient authority in the employment of attendants.



7. Question. Do they have encouragement and support in research, in participating in clinical meetings, symposiums, medical lectures, courses, etc.?

Answer. There is weekly conference of medical and surgical personnel held at this facility and during these conferences various individual cases are discussed, much in the same manner as officers schools in the military forces. Also, there are autopsies held in every case where permission can be secured. It is thought by the inspector that this facility is far above the average in this type of educational training.

8. Question. What definite complaints, if any, are there as the quality, quantity, variety, and preparation of food in the veterans' hospitals?

Answer. This question should be answered by observation over a period of time and not the observation at one particular meal. There has never been at Bay Pines Hospital any complaints of the type of food or the quantity. The inspector has tested this food on the ward and found that it was warm and well prepared, coffee was hot, and where milk was served, it was cold. We are attaching herewith a copy of the menu furnished us by the manager.

9. Question. Have there been or are there any specific cases of alleged abuse or neglect of patients?

Answer. There are none at present; there have been in the past some charges of neglect and abuse, but these have been corrected by the chief medical officer and it is considered by the State service officer that this hospital is in good shape in this respect. The information has also been circulated throughout this hospital that the State service officer is the chairman of the grievance committee and such complaints should be brought to his attention.

10. Question. Are the recreational facilities adequate?

Answer. No. This is due in part, to the extra heavy load carried at all times in this hospital and in the domiciliary barracks. There is not sufficient seating capacity in the theater and not sufficient room for game tables, etc. It is recommended that the present theater building be converted into a recreational hall with sufficient game tables and lounging rooms with comfortable reading chairs. The type of entertainment furnished by various organizations is good. There are USO shows weekly, bingo games, and pictures shown at this theater. It is thought, though, that a large lounging room with comfortable chairs would be of great benefit to neuropsychiatric patients, which we are getting in greater numbers each day.

11. Question. Is the canteen service satisfactory, and are the prices charged veterans reasonable? If not, please describe.

Answer. The canteen service is not satisfactory for the following reasons: The canteen, itself, is entirely too small and the floor space should be doubled for immediate needs. The canteen at this facility is located in the recreation building. If a new theater building were erected, the needed additional space could be granted. The service in the canteen is not satisfactory, due primarily to the fact that the concessionaire finds it impossible to get sufficient help. Bay Pines is 12 miles from the city of St. Petersburg and the long ride back and forth to the facility does not appeal to the average person wishing this type of work, especially when all of the restaurants in St. Petersburg are continually advertising for help. The quality and cooking of the food at the canteen is above the average. The canteen is overloaded, also, because of the fact that this is the only place to eat in the Bay Pines vicinity and all of the relatives of the patients visiting the hospital are forced to eat in the canteen. The prices charged are in line with OPA regulations. This facility has a committee of two who frequently check the prices charged and a report from this committee and investigation by the State service officer shows that the prices charged are comparable with other eating institutions of like character.

12. Question. Are the medical equipment and clinical arrangements satisfactory?

Answer. The present equipment for electrocardiogram is not considered adequate. There has been a requisition made for an additional electrocardiogram machine so that, in case of a break-down, we would not be totally without this method of determining cardiac disabilities. The basal metabolism recording equipment also is single and is not presently satisfactory. Additional equipment is being requisitioned to take care of the expected load at this facility. Additional equipment is also being requisitioned for the use in determining the degree of defective hearing. The present equipment is not modern and there is no audiophone at the present time. This, also, is being requisitioned. The hydro- and electro-therapy equipment is satisfactory, the surgical equipment is satisfactory, and the dental equipment is above the average.

13. Question. Are the periods of hospitalization proper? Too long? Too brief?

Answer. A review of complaints of this manner over a period of 2 months preceding the date of this report denotes that hospitalization periods at this facility are proper. The question was gone into thoroughly of whether or not the ward physicians kept men in the hospital on the wards in order that they would not have to make detailed examinations of new patients. With this idea in mind, that there have been some complaints of this type in the past, investigation shows that the chief medical officer and clinical director keeps in very close touch with this situation and this condition does not exist at Bay Pines.

14. Question. Do patients feel they are required to remain in receiving wards too long before complete examinations and treatment are started?

Answer. This is a question which, in the past years, has caused a great amount of agitation. It is a hard matter to determine the length of time necessary to keep a man on reception wards at this hospital. There are 100 beds in the receiving ward and when the beds in the various wards are full, it is necessary to treat men on the receiving ward. A report from this hospital covering the months of January, February, and March denotes that the average time spent on the receiving ward by a patient is 5 days. In the report, the highest number of days spent during this time by a patient on the receiving ward is 32 days. There are few in excess of 30, 25, 18, 15, 12, and 9 days spent in the receiving ward. When it is taken into consideration that there are 3 physicians assigned to the receiving ward, and it is also used as a treatment ward, this condition is not considered unusual or detrimental at this facility. The procedure is followed of, after diagnosis of the patient after entrance into this hospital, the man is sometimes held in the receiving ward because of the necessity of making laboratory tests, X-rays, and basal metabolism recording tests so that when he is transferred, the ward physician is prepared to immediately begin the necessary treatment. However, we find that on the receiving ward, the man is not neglected by the physicians assigned to that ward. Some of the cases on this ward which have been held for a considerable length of time have been held because the physicians were very much interested in the case and wanted to treat them personally. Others are held because this is also an isolation ward.

15. Question. How about cleanliness and neatness in the buildings and on the grounds?

Answer. Due to lack of sufficient help the hospital has not been kept at the present in its former immaculate condition. It is, however, presently above the average hospital, particularly the two municipal hospitals mentioned hereinbefore that were also inspected.

16. Question. Is it felt that the discipline and morale of the patients are satisfactory?

Answer. Yes; above the average.

17. Question. Are the transportation facilities to and from the hospital adequate?

Answer. No. Bay Pines is located some 12 miles from St. Petersburg and, other than private conveyances or taxicab, the only transportation available is streetcar for 9 miles and then a 3-mile ride by bus. The bus schedule is hourly and the wait at the end of the car line is frequently necessary. This, however, is not a question over which the Veterans' Administration has any jurisdiction and it is thought that the local veterans' organization should request the city of St. Petersburg to arrange for a direct 30-minute bus service from the city of St. Petersburg to the hospital, especially during the rush hours.

18. Question. Is the contact service considered satisfactory and adequate by the American Legion?

Answer. Yes; insofar as contact service is recognized by veterans' organizations, this service is good at this facility.

19. Question. How does the ratio of patients to full-time physicians and surgeons, nurses, and attendants in the veterans' hospital compare to that in State, county, and municipal institutions?

Answer. Comparing Bay Pines with other institutions inspected, we find that the average time spent by the physician at this facility with their patients is 35 percent longer than that spent by physicians in municipal hospitals. It is impossible to state the average time that any physician spends with a patient on a percentage basis as, in a ward of 100 men, 60 percent of these men might be considered as convalescent and would need nothing more than the physician saying, "Good morning" and "How do you feel today?". If there is no serious complaint, the physician would pass on to the next patient. It is felt that in Bay Pines



the time devoted to each patient is adequate, as a general rule. We do find, however, that there are cases where a patient is not given the time which he thinks he should have, but there are no serious cases of neglect insofar as we have been able to determine.

20. Question. Are the patients too crowded? Is there sufficient floor space per patient?

Answer. This hospital was built with a 444-bed capacity. We have presently increased the bed capacity by more economical use of space (crowding patients together) to the amount of 565 beds. This, of course, has caused some overcrowding but the condition was, and is, unavoidable. There have been recommendations made and approved some years ago that an administrative building be erected at this facility, moving the regional office into this building, allowing about 200 more beds to the original 444. Very recently there was obtained domiciliary barracks buildings from the Army in which some sections of the administrative office were moved together with the offices of the representatives of veterans' organizations and the State service office. These buildings are quite comfortable, although some inconveniences are shown in the lack of rest rooms, personnel having to go to the main hospital building for such facilities, also the fact that no provision has been made for the visit of wheel-chair patients who wish to contact their representative in the prosecution of their pension claims. It is recommended that this ramp be built for the convenience of wheel-chair patients and that additional barracks buildings be secured so that the entire regional office may be placed temporarily in these buildings until an administrative building can be erected. There has also been recommended and approved, a new additional wing to the hospital which would have, possibly, 295 additional beds. This, so far, is in the recommending stage and nothing has been done by the central office to procure or start these buildings. It is also considered necessary, due to the great influx of veterans from the north in the winter months, that additional domiciliary barracks facilities be added and a new mess hall built for the domiciliary barracks.

An acute and serious situation faces this facility in the care of female veterans. There are, at present, only 29 beds available and there is always a waiting list of this type of veteran. It is easy to see that the large number of discharged women veterans from this war make these facilities entirely inadequate and provisions should be made for the care of this type of patient.

21. Question. How do you find the discipline and morale of the hospital personnel? What are their complaints, if any?

Answer. Both the discipline and the morale of the personnel are very good. No complaints.

22. Question. What is your recommendation as to type and number of additional beds that may be required for the new load?

Answer. This question is also answered under question No. 20.

23. Question. What percentage of the patients are leaving the hospital against medical advice? Why?

Answer. This is a question that can only be answered by observation. The question of whether or not these men are satisfied with hospitalization has already been answered. There are many reasons which cause the patient to leave the hospital against medical advice. Questioning and observation show that the majority of the men leave for family reasons, business reasons, and, in World War II cases, because they do not like to stay in any type of hospital. This is especially true of NP patients. The following is submitted for consideration:

In February of 1945 the discharges against medical advice were 9, in March 11, in April 6. In February of 1945 the a. w. o. l. discharges were 9, in March 4, in April 6. The admission to this hospital in February of 1945 was 341, in March 347, in April 282. The turn-over in February of 1945 was 693, in March 711, in April 564.

It can be readily seen from this that the percentage of against military advice and a. w. o. l. discharges are very small and it is not considered as being due to any fault of the hospital. Some of the discharges are caused by misconduct on the station and various other conditions over which the Veterans' Administration had no jurisdiction.

24. Question. What percentage of patients without dependents leave the hospitals against medical advice due to the reduction in pension while being hospitalized?

Answer. It is the opinion of the investigator that this percentage would be between 20 and 25 percent. Through contact, we have found many men leave the hospital because of this reason. A case in point is as follows:



In the last few days the father of a veteran who is presently a patient in the Oteen, N. C., facility, came to me and asked if it would be possible to transfer his son to a tubercular hospital in Orlando, Fla., that is partly supported by the State of Florida. This boy is presently 100 percent disabled and is entitled to \$115 per month under the Veterans' Administration regulations. The veteran's father informed me that he can be near home and get as good treatment as presently received on a ward for \$75 per month. This would give the veteran considerable extra money per month. I advised the father of the veteran of the regulations concerning discharges against medical advice and he decided to move his boy to Orlando, Fla.

25. Question. Could better personal care be furnished with staff aide program of WAC's trained in hospital routine, thus relieving nurses for more important duties?

Answer. This facility is staffed with sufficient competent nurses to take care of the full bed capacity and, while the addition of WAC's to this staff might be of some benefit, no real necessity is seen for this addition. What is really needed to assist in the treatment of veterans in Veterans' Administration hospitals is for either the stenographers be available in the clinical record office so that they can accompany the doctor on his round, taking notes in shorthand, thereby relieving him of the major part of his administrative work, or that dictaphones be supplied which are portable so that they may be carried around by an attendant while the doctor is examining the patients so that he may record his findings without unnecessary delay. Much of the time of the medical personnel in a Veterans' Administration hospital is taken up with red tape and administrative work and this should be corrected.

26. Question. Are there any complaints on the part of the patients regarding the lack of information given them as to their physical condition and advice as to future treatment upon being discharged from the hospital?

Answer. Yes; this is one condition that should be corrected immediately where such information will not be detrimental to the physical condition and health of the patient. I see no point in the Veterans' Administration physician withholding information that the average civilian physician imports to his patient. We are advised that this question is being considered at this facility and steps are being taken to correct this situation.

27. Question. What general or specific recommendations would you offer as to the medical treatment and hospital care of veterans in Veterans' Administration facilities?

Answer. There is badly needed at this facility an additional sewage disposal plant. The present one is being taxed to its capacity at this time and serious conditions would result if there should be a break-down of this plant.

It is also recommended that a special NP hospital be set up at this station with proper vocational and training facilities, also that this hospital be arranged so that the different types of NP patients may be segregated. When mild, moderate, and severe NP patients are placed in the same ward and come in daily contact with one another, the severe patients do not climb to the moderate or mild status but, rather, the moderate or mild rapidly deteriorate to the severe stage. It is our opinion that this is a serious condition and the segregation of these patients would be of immense value to the United States Government, both economically and for the welfare of the veterans of World War II in that it would accelerate their recovery.

In addition to the recommendations entered above in this report, the following are considered absolutely necessary: One of the most and one of the most controversial questions in the Veterans' Administration facilities is the question of medical personnel having to stand officer of the day duty. The inspector readily recognizes that where a physician has OD assignment and is compelled to remain awake all night, that his efficiency is certainly impaired in his duties the following day. It is also recognized that the medical personnel in the Veterans' Administration are underpaid and, in most cases, overworked, and that frequently they are required to put in a 7-day week. This does not tend to hold the desired morale of medical personnel, when the doctor has no cessation or relief from his labors.

It is, therefore, considered absolutely necessary that sufficient medical personnel be added to the facilities so that there may be a reduced force of physicians on duty during the night and on Sundays. These physicians must be well trained in administrative duties and must be doctors of the very best quality, with a night chief medical officer attached to this force. This would eliminate

many of the complaints of the admission of emergency patients. There have been many complaints in the past of the conduct of OD's who have felt it necessary that they get some rest and some neglect of patients has been observed, but, as heretofore pointed out, this is not entirely the fault of the medical personnel, but rather is caused by insufficient personnel.

All big city hospitals have a night force on at all times as a separate unit and certainly the Veterans' Administration should have a night force available in the facility.

JOE FRANK,  
*Department Commander, the American Legion,  
Department of Florida.*  
DAVID B. WILEY,  
*State Service Officer, Accredited Representative,  
The American Legion.*

*Menu domiciliary messes, Veterans' Administration, Bay Pines, Fla., week ending  
April 22, 1945*

MONDAY, APRIL 16, 1945

Breakfast:

Stewed prunes.  
Wheat cream meal.  
French toast, sirup.  
Bread, butter.  
Coffee, cream, milk.

Dinner:

Swiss steak, gravy.  
Mashed potatoes, green beans.  
Tomato and egg salad.  
Grapenut pudding.  
Bread, butter.  
Coffee, cream.

Supper:

Chop suey over cooked noodles.  
Succotash.  
Potato salad.  
Cinnamon buns.  
Bread.  
Coffee, cream.

TUESDAY, APRIL 17, 1945

Breakfast:

Chilled grapefruit.  
Rolled oats.  
Scrambled eggs, toast.  
Marmelade, bread, butter.  
Coffee, cream, milk.

Dinner:

Boiled navy beans, sliced onions.  
Oven-browned potatoes.  
Coleslaw, corn bread.  
Ice cream.  
Bread, butter.  
Coffee, cream.

Supper:

Fried bologna.  
Hashed browned potatoes.  
Chopped vegetable salad.  
Fresh apples.  
Bread.  
Coffee, cream.

WEDNESDAY, APRIL 18, 1945

Breakfast:

Chilled bananas.  
Corn flakes.  
Creamed fresh beef.  
Toast.  
Bread, butter.  
Coffee, cream, milk.

Dinner:

Lamb stew, steamed rice.  
Buttered beets.  
Hot biscuits.  
Apple brown betty.  
Bread.  
Coffee, cream.

Supper:

Bean soup, crackers.  
Fried eggplant.  
Pickled beets and onions.  
Apple butter.  
Oatmeal cookies.  
Bread.  
Coffee, cream.

THURSDAY, APRIL 19, 1945

Breakfast:

Orange juice.  
Wheat cream meal.  
Griddle cakes, bacon.  
Syrup, bread, butter.  
Coffee, cream, milk.

Dinner:

Corned beef and cabbage.  
Boiled potatoes.  
Escalloped tomatoes.  
Peach cobbler.  
Bread.  
Coffee, cream.

Supper:

Baked meat hash.  
Glazed carrots, buttered corn.  
Tomato and lettuce salad.  
Ginger bread, fruit sauce.  
Bread.  
Coffee, cream.

*Menu domiciliary messes, Veterans' Administration, Bay Pines, Fla., week ending April 22, 1945—Continued*

FRIDAY, APRIL 20, 1945

## Breakfast:

Chilled grapefruit.  
 Bran flakes.  
 Fried eggs, toast.  
 Bread, butter.  
 Coffee, cream, milk.

## Dinner:

Fried fillet of mullet.  
 Lemon slices.  
 Escalloped potatoes.  
 Buttered beets.  
 Lettuce, mayonnaise.  
 Diplomat pudding.  
 Bread.  
 Coffee, cream.

## Supper:

Chilled sardines, crackers.  
 Baked squash.  
 Apple sauce.  
 Molasses cookies.  
 Bread.  
 Coffee, cream.

SATURDAY, APRIL 21, 1945

## Breakfast:

Tomato juice, rolled oats.  
 Grilled bacon, toast.  
 Apple butter.  
 Bread, butter.  
 Coffee, cream, milk.

## Dinner:

Spareribs with barbecue sauce.  
 Buttered peas.  
 Diced turnips.  
 Fruited gelatin.  
 Bread, butter.  
 Iced tea.

Submitted:

Approved:

SATURDAY, APRIL 21, 1945—continued

## Supper:

Hamburger patties, onions.  
 French fried potatoes.  
 Dill pickles.  
 Bread pudding.  
 Bread, butter.  
 Coffee, cream.

SUNDAY, APRIL 22, 1945

## Breakfast:

Chilled oranges.  
 Wheat cream meal.  
 Medium boiled eggs, toast.  
 Bread, butter.  
 Coffee, cream, milk.

## Dinner:

Breaded veal cutlets, tomato sauce.  
 Mashed potatoes.  
 Creamed asparagus.  
 Pear salad.  
 Lemon cream cake.  
 Bread, butter.  
 Coffee, cream.

## Supper:

Vegetable soup, croutons.  
 Potato cakes.  
 Cabbage and carrot salad.  
 Doughnuts, grape jelly.  
 Bread, butter.  
 Coffee, cream.

JOHN J. HERRON,  
*Commissary Officer.*

D. F. IVORY,  
*Domiciliary Officer.*

——— WILSON, M. D.,  
*Chief Medical Officer.*  
 M. BRYSON, *Manager.*

*Weekly regular diet menu, Veterans' Administration, Bay Pines, Fla., week beginning April 16, 1945*

MONDAY, APRIL 16, 1945

## Breakfast:

Fruit.  
 Puffed rice.  
 French toast, sirup.  
 Toast, butter.  
 Coffee, cream, milk.

## Dinner:

Italian spaghetti.  
 Diced rutabages.  
 Lettuce with french dressing.  
 Apricot upside down cake.  
 Bread, butter.  
 Coffee, cream.

MONDAY, APRIL 16, 1945—continued

## Supper:

Boiled beef with vegetable sauce.  
 Buttered potatoes.  
 Fried eggplant.  
 Pickles.  
 Blackberries.  
 Bread, butter.  
 Milk.



*Weekly regular diet menu, Veterans' Administration, Bay Pines, Fla., week beginning April 16, 1945—Continued*

TUESDAY, APRIL 17, 1945

**Breakfast:**

Fruit.  
Oatmeal.  
Scrambled eggs.  
Toast, butter.  
Coffee, cream, milk

**Dinner:**

Roast lamb, dressing, gravy.  
Steamed potatoes.  
Buttered carrots.  
Pear salad.  
Coffee, bavarian cream.  
Bread, butter.  
Coffee, cream.

**Supper:**

Hamburgers.  
Hashed brown potatoes.  
Buttered cabbage.  
Macedoine salad.  
Chocolate blanc mange.  
Bread, butter.  
Milk.

WEDNESDAY, APRIL 18, 1945

**Breakfast:**

Fruit.  
Corn flakes.  
Hot cakes, jam.  
Toast, butter.  
Coffee, cream, milk.

**Dinner:**

Pan broiled steaks.  
Mashed potatoes.  
Buttered onions.  
Cole slaw.  
Ice cream.  
Bread, butter.  
Coffee, cream.

**Supper:**

Chop suey.  
Fried noodles.  
Buttered peas.  
Tomato, egg salad.  
Oatmeal, raisin cookies.  
Bread, butter.  
Milk.

THURSDAY, APRIL 19, 1945

**Breakfast:**

Fruit.  
Cream of Wheat.  
Soft-boiled eggs.  
Toast, butter.  
Coffee, cream, milk.

**Dinner:**

Roast beef.  
Buttered potatoes.  
Fresh spinach.  
Shredded lettuce with thousand island dressing.  
Lemon cream cake.  
Bread, butter.  
Coffee, cream.

THURSDAY, APRIL 19, 1945—continued

**Supper:**

Shepherds pie.  
Harvard beets.  
Banana-peanut salad.  
Apple crisp, vanilla sauce.  
Bread, butter.  
Coffee, milk.

FRIDAY, APRIL 20, 1945

**Breakfast:**

Fruit.  
Wheat flakes.  
Scrambled eggs.  
Toast, butter.  
Coffee, cream, milk.

**Dinner:**

Chicken noodle soup, crackers.  
Fried fish, lemon slices.  
Escalloped potatoes.  
Stewed tomatoes.  
Green vegetable salad.  
Fruit cup.  
Bread, butter.  
Coffee, cream.

**Supper:**

Cheese souffle with Creole sauce.  
Baked potatoes.  
Buttered green beans.  
Waldorf salad.  
Blueberry cobbler.  
Bread, butter.  
Milk.

SATURDAY, APRIL 21, 1945

**Breakfast:**

Fruit.  
Oatmeal.  
Sausage.  
Toast, butter.  
Coffee, cream, milk.

**Dinner:**

Braised beef.  
Rice.  
Buttered summer squash.  
Sliced cucumber salad.  
Gingerbread.  
Bread, butter.  
Coffee, cream.

**Supper:**

Sliced bologna.  
Potato salad.  
Buttered Corn.  
Tomato salad.  
Banana cream pie.  
Bread, butter.  
Milk.

*Weekly regular diet menu, Veterans' Administration, Bay Pines, Fla., week beginning April 16, 1945—Continued*

SUNDAY APRIL 22, 1945

SUNDAY, APRIL 22, 1945—continued

**Breakfast:**

Fruit.  
Cream of Wheat.  
Bacon, jelly.  
Toast, butter.  
Coffee, cream, milk.

**Dinner:**

Smothered pork chops.  
Mashed potatoes.  
Buttered carrots.  
Lettuce with mayonnaise.  
Sherbet.  
Hot rolls, bread, butter.  
Coffee, cream.

Submitted by:

**Supper:**

Vegetable soup.  
Rice Griddle cakes, syrup.  
Mixed vegetable salad.  
Fruit.  
Bread, butter.  
Milk.

LILLIAN R. KIECKNER,  
*Acting Chief Dietitian.*  
C. W. HUGHES,  
*Chief Medical Officer.*  
M. BRYSON, *Manager.*

Approved:

**REPORT OF INVESTIGATION OF THE UNITED STATES VETERANS' ADMINISTRATION FACILITY AT LAKE CITY, FLA. (GENERAL MEDICAL AND SURGICAL, 419 BEDS)**

It is thought that it would be well to make this report so that it will coincide with the questions as submitted by the national organization, and under each question add such additional remarks as might be considered pertinent.

It is further thought that this report would be more effective if it were not considered on the basis of a 1-day investigation, but that it also contains the observation, over a period of time, by the State service officer, who is an accredited representative of all of the major veterans' organizations.

1. Question. Are there any general or specific complaints on the medical treatment and hospital care received by the patients? If so, please describe briefly.

Answer. It is felt that consideration of previous complaints as well as observation of present conditions should be noted under this paragraph of this report. Due to the fact that the patient load in this hospital never exceeded more than 60 percent of the total capacity, we are informed that the turn-over in this hospital is exceptionally high, probably a record in Veterans' Administration hospitals. It is felt that the lack of patients at this facility and the high turn-over are not caused by the hospital not being accessive to veterans in both south Georgia and north Florida. It is rather felt that there is some condition in the hospital which is badly in need of correction so that veterans in this area will report to this hospital instead of paying their own way to the Bay Pines Facility.

From complaints made in the past it would seem that some of the medical personnel were responsible for this condition. We have in mind numbers of complaints against the chief clinical director, Dr. Byrd, Dr. Arnold, Dr. Wienstein, and Dr. Stewart. We are advised that Dr. Wienstein and Dr. Stewart are no longer at this hospital, so that condition is corrected.

It is felt, however, that the attitude of the chief clinical officer is responsible for the majority of the complaints at this hospital. It is not thought necessary to enumerate in detail these complaints in this report as they have been covered in former reports and requests have been repeatedly made for this officer's transfer. Efforts have been made in the past, also, to have Dr. Arnold transferred; neither of these have met with success.

It is considered detrimental to the economical situation to have a Veterans' Administration facility staffed with nine doctors on duty with a small number of patients in the hospital. This hospital could easily be, by the transfusion of new blood, of great benefit to the veterans of north Florida and south Georgia. The reason for nonapplication to this hospital is because of the reputation it now possesses, and it is hoped that this will be immediately corrected.

2. Question. Has remedial action been taken by the Veterans' Administration in these cases or others which may have been previously reported?

Answer. No; except the absence of Dr. Wienstein and Dr. Stewart.

3. Question. What is your opinion of the relative standards of treatment in the veterans hospitals as compared to the State, county, and municipal institutions in the same area?

Answer. This hospital is about equal with the average municipal or county hospital.

4. Question. Do the manager, chief medical officer, and/or clinical director feel that they have sufficient authority to run the hospital as efficiently as they might desire?

Answer. Yes.

5. Question. Do they feel that there are undue restrictions and regulations under which they must function? If so, kindly specify in what way.

Answer. No.

6. Question. Do they feel they have sufficient authority and latitude to employ competent doctors, nurses, and attendants?

Answer. Yes.

7. Question. Do they have encouragement and support in research, in participating in clinical meetings, symposium, medical lecture courses, etc.?

Answer. It is thought that greater study such as practice at Bay Pines would be beneficial at this hospital. There should be, at least, weekly schools held of the entire staff where individual cases could be taken up and discussed, also the participation of the entire staff in autopsies, medical lecture courses, etc.

8. Question. What definite complaints, if any, are there as to the quality, quantity, variety, and preparation of food in the veterans' hospitals?

Answer. None. The inspectors had lunch at this hospital and the food was well prepared, well served, and excellent in quality. The manager at this station stated that he believed that good food was as essential for recovery as medicine.

9. Question. Have there been, or are there, any specific cases of alleged abuse or neglect of patients?

Answer. None could be elicited from the patients.

10. Are the recreational facilities adequate?

A. Yes.

11. Question. Is the canteen service satisfactory, and are the prices charged veterans reasonable? If not, please describe.

Answer. Yes.

12. Question. Are the medical equipment and clinical arrangements satisfactory?

Answer. No. We understand, however, that requisitions have been made for certain equipment and that it will be installed just as soon as available. One condition, however, which was brought to the manager's attention was the lack of force on the hydrotherapy pump. The capacity pressure on this pump was 30 pounds, which was not considered by the inspectors to be sufficient to obtain the maximum benefits from such treatment. It was recommended to the manager that this be corrected and he assured us of his willingness to have this done.

13. Question. Are the periods of hospitalization proper? Too long? Too brief?

Answer. From the hospital records and conversation with the patients, the periods of hospitalization are correct. However, we have had numbers of complaints that the chief clinical director at this hospital has ordered ward surgeons to discharge men when they should have been kept in the hospital.

14. Question. Do patients feel they are required to remain in receiving wards too long before complete examinations and treatment are started?

Answer. It was impossible to determine whether or not men were kept too long in the receiving ward at this station for the reason that there were only two men in the receiving ward.

15. Question. How about cleanliness and neatness in the buildings and on the grounds?

Answer. The outside of this hospital and the grounds look well. The inside, however, is badly in need of paint. In most cases the paint has been entirely knocked from the base boards, door frames, etc. It is, however, clean and tidy and in as good condition as could be expected with the scarcity of labor considered.

There is a deplorable condition existing in both the cooling rooms and refrigerators at this hospital. They are as clean as humanly possible but are antiquated in



equipment and present a very unsanitary view. The racks upon which meats are kept are built of galvanized iron material and, where the rivets are placed in slats, the galvanizing has broken and the surrounding area is very rusty. The walls and ceilings of these rooms are galvanized sheet steel, the floor is cement.

It is recommended that stainless steel racks be provided with rubber tired caster rollers so that meat may be placed upon them without the exertion necessary at present and that the ceilings, walls, and floors of these rooms be tiled. It is the opinion of the investigators that they should be enlarged for, if this hospital were operating in full capacity, these refrigerators and cooling rooms would be entirely inadequate.

The kitchen is well equipped and spotlessly clean and I feel sure that the chief cook does his utmost to keep the equipment in perfect order but no one could keep the above-mentioned refrigerators and cooling rooms so that they would be presentable.

16. Question. Is it felt that the discipline and morale of the patients are satisfactory?

Answer. Yes.

17. Question. Are the transportation facilities to and from the hospital adequate?

Answer. Yes.

18. Question. Is the contact service considered satisfactory and adequate by the American Legion?

Answer. Yes; insofar as contact service is recognized by veterans' organizations, this service is good at this facility.

19. Question. How does the ratio of patients to full-time physicians and surgeons, nurses, and attendants in the veterans' hospital compare to that in State, county, and municipal institutions?

Answer. Exceeds, at the present time, with the present load, but would about equal if this hospital were operating at full capacity.

20. Question. Are the patients too crowded? Is there sufficient floor space per patient?

Answer. No; more patients needed.

21. Question. How do you find the discipline and morale of the hospital personnel? What are their complaints, if any?

Answer. Good.

22. Question. What is your recommendation as to type and number of additional beds that may be required for the new load?

Answer. It is considered that this hospital could carry a 15-percent overload without excessive crowding.

23. Question. What percentage of the patients are leaving the hospital against medical advice? Why?

Answer. The inspectors were informed that in the event that patients demand going against medical advice for various reasons, they are allowed a 15-day pass, if the situation warrants such action. I consider this one of the most considerate and forward moves that I have ever found in any Veterans' Administration facility.

24. Question. What percentage of patients without dependents leave the hospitals against medical advice due to the reduction in pension while being hospitalized?

Answer. From observation of hospitals of like kind and character, it is considered between 20 and 25 percent.

25. Question. Could better personal care be furnished with staff aide program of Wacs trained in hospital routine, thus relieving nurses for more important duties?

Answer. This facility is staffed with sufficient competent nurses to take care of the full bed capacity and, while the addition of WAC's to this staff might be of some benefit, no real necessity is seen for this addition. What is really needed to assist in the treatment of veterans in Veterans' Administration hospitals is for either the stenographers be available in the clinical record office so that they can accompany the doctor on his round, taking notes in shorthand, thereby relieving him of the major part of his administrative work, or that dictaphones be supplied which are portable so that they can be carried around by an attendant while the doctor is examining the patients so that he may record his findings without unnecessary delay. Much of the time of the medical personnel in a Veterans'

Administration hospital is taken up with red tape and administrative work and this should be corrected.

26. Question. Are there any complaints on the part of the patients regarding the lack of information given them as to their physical condition and advice as to future treatment upon being discharged from the hospital?

Answer. Yes; there are many complaints of this type and it is felt that if sufficient cooperation were given the medical personnel by the chief clinical director this condition could be easily corrected.

27. Question. What general or specific recommendations would you offer as to the medical treatment and hospital care of veterans in Veterans' Administration facilities?

Answer. The most serious condition at this hospital for the welfare of the veterans is the lack of a covered corridor from hospital wards to the mess hall. The present plan is, in the event of rainy or stormy weather, these men have to be transported by covered trucks or other methods to the mess hall. This condition is inexcusable. There are covered corridors from one ward to another ward and one should certainly be built so that it would connect the mess hall with at least one of the covered corridors leading from ward to ward.

There is another condition existing at this hospital that is a disgrace to the Veterans' Administration and that is the present nurses home. This is an old, two-story frame building setting off by itself in the hospital grounds with no covered walkway to the hospital proper, thereby forcing the nurses to go back and forth in inclement weather. This building, in fact, is an old-fashioned roach trap. It can be easily imagined the damage it could cause, also the probable loss of life, in case of fire.

I strongly recommend the immediate erection of a new nurses' home, modern in every respect as good nurses with high morale at a Veterans' Administration hospital are worth far more than the few dollars involved.

In addition to the recommendations entered above in this report, the following are considered absolutely necessary: One of the most controversial questions in the Veterans' Administration facilities is the question of medical personnel having to stand officer of the day duty. The inspector readily recognizes that where a physician has officer of the day assignment and is compelled to remain awake all night, that his efficiency is certainly impaired in his duties the following day. It is also recognized that the medical personnel in the Veterans' Administration are underpaid and, in most cases, overworked and that frequently they are required to put in a 7-day week. This does not tend to hold the desired morale of medical personnel, when the doctor has no cessation or relief from his labors.

It is, therefore, considered absolutely necessary that sufficient medical personnel be added to the facilities so that there may be a reduced force of physicians on duty during the night and on Sundays. These physicians must be well trained in administrative duties and must be doctors of the very best quality, with a night chief medical officer attached to this force. This would eliminate many of the complaints of the admission of emergency patients. There have been many complaints in the past of the conduct of officers of the day who have felt it necessary that they get some rest and some neglect of patients has been observed but, as heretofore pointed out, this is not entirely the fault of the medical personnel, but rather is caused by insufficient personnel.

All big city hospitals have a night force on at all times a separate unit and certainly the Veterans' Administration should have a night force available in the facility.

It is also felt that the pay scale for all personnel in the Veterans' Administration is far too low to obtain the best talent available beginning at the watchman at the gate and extending to and through the manager's of the facility.

The chief surgeon at this facility impressed the inspectors as a very good man, also impressed us of his ability and consideration of his patients.

The dental laboratory is excellent and the technician in charge is far above the average.

DAVID D. WILEY,

*State Service Officer, accredited representative, the American Legion.*

JOE FRANK,

*Department Commander, the American Legion, Department of Florida.*

*Regular diet menu, Veterans' Administration facility, Lake City, Fla., week beginning April 16, 1945*

MONDAY, APRIL 16, 1945

Breakfast:

Sliced bananas.  
Oatmeal.  
Scrambled eggs.  
Toast, butter.  
Coffee.

Dinner:

Cream of chicken soup, croutons.  
Pot roast of beef, gravy.  
Hashed browned potatoes.  
Turnip greens.  
Fruit jello.  
Bread and butter.  
Coffee or milk.

Supper:

Soup, croutons.  
Liver sausage.  
Hominy grits.  
Buttered yellow squash.  
Tomato salad, mayonnaise.  
Pears.  
Bread and butter.  
Milk.

TUESDAY, APRIL 17, 1945

Breakfast:

Applesauce.  
Grapenuts flakes.  
Hot cakes, bacon.  
Sirup, butter.  
Coffee.

Dinner:

Vegetable soup, croutons.  
Breaded veal cutlets, milk gravy.  
Parsley buttered potatoes.  
Buttered peas.  
Caramel pudding.  
Bread and butter.  
Coffee or milk.

Supper:

Soup, croutons.  
Chop suey, fried noodles.  
Steamed rice.  
Wilted lettuce.  
Royal Anne cherries.  
Bread and butter.  
Milk.

WEDNESDAY, APRIL 18, 1945

Breakfast:

Oranges.  
Oatmeal.  
Scrambled eggs.  
Toast, butter.  
Coffee.

Dinner:

Cream of tomato soup, croutons.  
Vegetable meat loaf, gravy.  
Mashed potatoes.  
Buttered lima beans.  
Chocolate ice cream.  
Bread and butter.  
Coffee or milk.

WEDNESDAY, APRIL 18, 1945—continued

Supper:

Soup, croutons.  
Grilled pork chops.  
Creamed potatoes.  
Grated carrot and raisin salad.  
Stewed fresh apples.  
Bread and butter.  
Milk.

THURSDAY, APRIL 19

Breakfast:

Prune plums.  
Cream of Wheat.  
Broiled bacon.  
Toast, butter, jam.  
Coffee.

Dinner:

Cream of spinach soup, croutons.  
Fricassee of veal.  
Steamed rice.  
Boiled new cabbage.  
Apricots.  
Bread and butter.  
Coffee or milk.

Supper:

Soup, croutons.  
Baked bologna.  
Hot potato salad.  
Buttered carrots.  
Blueberry cake pudding.  
Bread and milk.

FRIDAY, APRIL 20

Breakfast:

Oranges.  
Oatmeal.  
Hot cakes, butter, sirup.  
Coffee.

Dinner:

Vegetable soup, croutons.  
Fried shrimp, tartar sauce.  
Mashed potatoes.  
Buttered peas.  
Vanilla ice cream.  
Bread and butter.  
Coffee or milk.

Supper:

Soup, croutons.  
Cheese omelet.  
Boiled lima beans.  
Vegetable salad bowl.  
Chocolate blanc mange.  
Bread and butter.  
Milk.



*Regular diet menu, Veterans' Administration facility, Lake City, Fla., week beginning April 16, 1945—Continued*

SATURDAY, APRIL 21

**Breakfast :**

Applesauce.  
Cream of wheat.  
Scrambled eggs.  
Toast, butter.  
Coffee.

**Dinner :**

Split-pea soup, croutons.  
Barbecued spareribs.  
Cornbread dressing.  
Sauerkraut.  
Pears, molasses cookies.  
Bread and butter.  
Coffee or milk.

**Supper :**

Soup, croutons.  
Hot roast-beef sandwich, gravy.  
Mashed potatoes.  
Head lettuce, thousand island dressing.  
Sliced pineapple.  
Bread and butter.  
Milk.

Submitted by :

Approved :

SUNDAY, APRIL 22

**Breakfast :**

Tomato juice.  
Oatmeal.  
Broiled bacon, grits.  
Toast, butter.  
Coffee.

**Dinner :**

Cream of asparagus soup, croutons.  
Fried chicken, gravy.  
Buttered potatoes.  
Buttered peas and carrots.  
Maple ice cream.  
Hot biscuits, butter.  
Coffee or milk.

**Supper :**

Baked beans with salt pork.  
Buttered yellow squash.  
Combination raw vegetable salad.  
Fruit snacks.  
Bread and butter.  
Milk.

D. M. PERDUE,  
*Chief Dietitian.*

E. E. BYRD,  
*Lieutenant Colonel, Marine Corps,  
Clinical Director.*

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REPORT OF INVESTIGATION OF HOSPITAL NO. 48, ATLANTA, GA. (GENERAL MEDICAL AND SURGICAL, 415 BEDS, FIELD APRIL 27, 1945)

1. Answer. There were no general complaints. The committee interviewed a number of patients, and with the exception of two or three isolated cases whose main complaint was of cold food, the patients generally are high in their praise of this hospital.

2. Answer. Yes; as far as possible; they have requested additional food warmers.

3. Answer. Equal to and in some departments superior.

4. Answer. No; they must accept the personnel assignments from Washington, some of whom are Army officers and feel as if they are not in the Army. Some have been in Army camps and do not like to take orders from the civilian officials of the hospital.

5. Answer. Yes; priorities on supplies and equipment; must accept substitutes; also the hiring of personnel.

6. Answer. No; any new employees must be passed on by Washington. Army doctors are transferred against their will; 11 nurses and 8 doctors have recently been requested.

7. Answer. The Veterans' Administration requires that each doctor pay his own expenses to such meetings.

8. Answer. Quality all right; quantity lacking; variety and preparation all right. Some complaints that food is served cold to bed patients. Additional electrically heated food carts are on order.

9. Answer. No.

10. Answer. Not for present load.

11. Answer. Not large enough; prices are reasonable; unable to get sufficient supplies, especially ice cream, cigarettes, etc. Sanitary conditions fair.

12. Answer. Not sufficient for present load (200-bed equipment for 400-bed hospital.) Application has been made for new equipment.

13. Answer. Assistant chief medical officer says they are too long.
14. Answer. Assistant chief medical officer says no; some patients say yes.
15. Answer. They are very neat and clean.
16. Answer. Assistant chief medical officer says discipline is very hard to maintain; due to overload. War I and II patients cannot be separated; this is not good for morale.
17. Answer. Yes.
18. Answer. Yes.
19. Answer. Favorably; 12 full-time doctors on ward duty; 5 of these are on surgical duty; attendants are below standard; only 4 white attendants.
20. Answer. Entirely too crowded. Not enough floor space per patient which endangers patients and promotes infection (98-bed overload).
21. Answer. Personnel overworked due to overload. Morale not as high as should be. This can be attributed to the patient overload.
22. Answer. No way to estimate new load; 200 new beds are to be added.
23. Answer. In 1944 there were 220 out of 3,589 to leave against medical advice; 112 of these were War II patients; no definite reasons.
24. Answer. No way to determine.
25. Answer. Chief medical officer and assistant manager say it is questionable.
26. Answer. Yes; however, in most cases patients should not be given too much information. All necessary information is given his family and home doctor.
27. Answer. (1) Immediately increase capacity of hospital.  
(2) Increase doctor, nurse, and attendant personnel.  
(3) We find the operating room entirely too small and equipment inadequate for the present load.

(4) We find a large percentage of the Army doctors who have been transferred to this facility are dissatisfied and very uncooperative. We believe the reason for this as follows: They thought when they enlisted in the Army they would be assigned to war camps or combat duty. They feel they are not doing their patriotic duty and are serving against their will.

We recommend that only doctors be assigned to veterans' hospital facilities who will be satisfied and anxious for this special duty.

We find the officer of the day must stand this watch in addition to his regular duty. The officer of the day is on duty 26 hours, with only about 3 hours sleep. We recommend that the officer of the day be relieved of all other duty and that he go on duty at 5 p. m. and go off duty at 8 in the morning.

We do not believe the Veterans' Administration will have capable and efficient doctors at the present wage scale. We found two capable doctors with over 20 years service, with only their longevity pay increase.

We recommend that the Veterans' Administration build and operate at or near the hospital a place where the family of the very ill patients may obtain room and meals. Such place to be nonprofit making. The need for such a place is, and has been, very acute at this hospital. The Legion should bring its full force to bear on this one item.

Increase recreational facilities, with increased space.

This facility was originally built to accommodate 317 patients. There has been 98 extra beds added, which makes the wards crowded and congested. We understand the hospital will be expanded for 200 extra beds. This seems extremely bad judgment with 98 additional emergency beds now and a waiting list of 100.

We recommend an increase of 500 beds, making a total of 817. From the rapid increase in patients we believe this expansion will be adequate for the near future.

We recommend a special orderly for the wheel-chair patients.

We recommend that a social worker be stationed in this hospital, salary to be paid by the Veterans' Administration.

We believe the American Legion has been more interested in securing pensions and compensations than in hospitalization.

FRANK K. BOLAND, M. D.,  
Medical Advisor for Georgia Department.  
E. MURRAY LOWERY,  
Department Chairman, Hospital No. 48.  
JACKSON P. DICK,  
National Executive Committeeman.  
LOUIS C. SUMMERS,  
Department Commander.

## QUESTIONS TO BE ANSWERED AS TO EACH VETERANS' HOSPITAL

Kindly respond in same numerical order and air mail the report to National Commander Scheiberling, Washington 6, D. C.)

Name of hospital: Veterans' Administration Facility No. 62.

Address: August, Ga. (neuropsychiatric, 1,253 beds).

1. Question. Are there any general or specific complaints on the medical treatment and hospital care received by the patients? If so, please describe briefly.

Answer. There are no general complaints. Only a few objections as unnecessary confinement; men should be given more out-door exercise and placed in sunshine when possible instead of closed porches.

2. Question. Has remedial action been taken by the Veterans' Administration in these cases or others which may have been previously reported?

Answer. Yes.

3. Question. What is your opinion of the relative standards of treatment in the veterans' hospitals as compared to the State, county, and municipal institutions in the same area?

Answer. Above the average in this area.

4. Question. Do the manager, chief medical officer, and/or clinical director feel they have sufficient authority to run the hospital as efficiently as they might desire?

Answer. No.

5. Question. Do they feel that there are undue restriction and regulations under which they must function? If so, kindly specify in what way.

Answer. Yes. Regulations too strict. They are compelled to take nurses and doctors that are sent to them through the central office, which is not satisfactory.

6. Question. Do they feel they have sufficient authority and latitude to employ competent doctors, nurses, and attendants?

Answer. Have nothing to do in hiring doctors. That comes through Washington but get attendants locally if possible; also nurses. The attendants employed are not highly competent but are the best that can be obtained due to low wage scale.

7. Question. Do they have encouragement and support in research, in participating in clinical meetings, symposiums, medical lecture courses, etc?

Answer. Yes; also encouragement from Washington.

8. Question. What definite complaints, if any, are there as to the quality, quantity, variety, and preparation of food in the veterans' hospitals?

Answer. No general complaints. Equipment in good condition and food fair.

9. Question. Have there been or are there any specific cases of alleged abuse or neglect of patients?

Answer. Yes.

10. Question. Are the recreational facilities adequate?

Answer. No. Need more space—too crowded. Need more funds. Recommend the adoption of proposed blueprint already in Washington.

11. Question. Is the canteen service satisfactory, and are the prices charged veterans reasonable? If not, please describe.

Answer. No. Too small and inadequate stock and service to patients poor and should serve ward patients. Lessor in charge is not satisfactory. Not kept clean. Recommend the canteen be operated by the facility.

12. Question. Are the medical equipment and clinical arrangements satisfactory?

Answer. No. Need new X-ray equipment, has been in use for years. All equipment is old and has been in service 25 years. Need all new equipment.

13. Question. Are the periods of hospitalization proper? Too long? Too brief?

Answer. Too brief in many cases.

14. Question. Do patients feel they are required to remain in receiving wards too long before complete examinations and treatment are started?

Answer. Yes.

15. Question. How about cleanliness and neatness in the buildings and on the grounds?

Answer. Excellent.

16. Question. Is it felt that the discipline and morale of the patients are satisfactory?

Answer. Yes. World War II boys should be segregated. More attention should be paid to the attire of the patients, shaving and haircuts.



17. Question. Are the transportation facilities to and from the hospital adequate?

Answer. Yes.

18. Question. Is the contact service considered satisfactory and adequate by the American Legion?

Answer. Yes; fine cooperation.

19. Question. How does the ratio of patients to full-time physicians and surgeons, nurses, and attendants in the veterans' hospital compare to that in State county, and municipal institutions?

Answer. Less. Short of nurses, doctors, and attendants.

20. Question. Are the patients too crowded? Is there sufficient floor space per patient?

Answer. Yes; in most cases the day rooms are being used as bedrooms as well as the bathing facilities.

21. Question. How do you find the discipline and morale of the hospital personnel? What are their complaints, if any?

Answer. Discipline and morale fair, on account of low wage scale and not being able to get their annual leave.

22. Question. What is your recommendation as to type and number of additional beds that may be required for the new load?

Answer. Shortage of beds now prevails. Need additional beds and building at once.

23. Question. What percentage of the patients are leaving the hospital against medical advice? Why?

Answer. Sixteen out of thirty-nine patients left hospital against medical advice. Not willing to take treatment as they feel they are too slow and object to being confined so long.

24. Question. What percentage of patients without dependents leave the hospitals against medical advice due to the reduction in pension while being hospitalized?

Answer. Does not apply in this hospital.

25. Question. Could better personal care be furnished with staff aide program of Wacs trained in hospital routine, thus relieving nurses for more important duties?

Answer. Yes. Needed very badly.

26. Question. Are there any complaints on the part of the patients regarding the lack of information given them as to their physical condition and advice as to future treatment upon being discharged from the hospital?

Answer. No.

27. Question. What general or specific recommendations would you offer as to the medical treatment and hospital care of veterans in Veterans' Administration facilities?

Answer. There should be a more thorough examination and frequent examination of the patients on the wards and more attention paid to the complaints and not a "brush off." Too much time devoted to paper work by doctors and nurses and should be reduced to a minimum. Recommend WAC's on this work.

Need more night nurses on duty.

More attention should be given to complaints of the patients and not just a pill.

Hours of the officer of day too long.

Need social workers badly.

Recommend a committee appointed by the American Legion State Department composed of members of the American Legion hospital committee, lawyer, and necessary medical members to review the complaints of patients claiming that they are unjustly committed and committed patients who feel that they are capable of reentering civil life.

Recommend that precautions be taken to prevent flies from entering the dining room.

Need additional pots and pans.

The shock and puncture treatments are being used at this hospital.

Recommend one additional ambulance for this hospital. Also extra busses for transportation.

W. B. STREETER, *Chairman,*  
LOUIS D. OLIVEROS,  
R. C. CONOLLY,  
LOUIS SUMMERS,  
*Department Commander.*

## QUESTIONS TO BE ANSWERED AS TO EACH VETERANS' HOSPITAL

(Kindly respond in same numerical order, and air mail the report to National Commander Scheiberling, Washington 6, D. C.)

Name of hospital: United States Veterans' facility.

Address: Danville, Ill. (neuropsychiatric, 2,303 beds).

1. Question. Are there any general or specific complaints on the medical treatment and hospital care received by the patients? If so, please describe fully.

Answer. Dr. Rolland, managing officer, reported there were no complaints. Have received many compliments on type of treatment received from discharged patients and their relatives.

2. Question. Has remedial action been taken by the Veterans' Administration in those cases or others which may have been previously reported?

Answer. None necessary.

3. Question. What is your opinion of the relative standards of treatment in the veterans' hospitals as compared to the State, county, and municipal institutions in the same area?

Answer. Dr. Rice, chief medical officer, states that service is equal in all respects.

Medical personnel cases superior to county and State.

Surgical and medical record exceptionally good.

4. Question. Do the manager, chief medical officer, and/or clinical director feel they have sufficient authority to run the hospital as efficiently as they might desire?

Answer. Details should be more decentralized on minor administration.

5. Question. Do they feel that there are undue restrictions and regulations under which they must function? If so, kindly specify in what way.

Answer. Emergency treatment should be permitted without permission from relatives or other authorities.

6. Question. Do they feel they have sufficient authority and latitude to employ competent doctors, nurses, and attendants?

Answer. Details should be more decentralized on minor administration, otherwise satisfactory.

Dr. Rolland thinks that appointments should include as far as possible, men and women from the area in which hospital is located.

7. Question. Do they have encouragement and support in research, in participating in medical meetings, symposiums, medical lecture course, etc.?

Answer. Present staff works well with local medical society. Feels that more opportunity should be given staff members to take post-graduate work and full membership given in local medical society instead of associate members. Do not recommend research in hospital. There should be special hospital for research work.

8. Question. What definite complaints, if any, are there as to the quality, quantity, variety, and preparation of food in the veterans' hospitals?

Answer. Best food in market is provided for patients. But sick patients usually complain of food.

9. Question. Have there been or are there any specific cases of alleged abuse or neglect of patients?

Answer. No.

10. Question. Are the recreational facilities adequate?

Answer. No.

11. Question. Is the canteen service satisfactory, and are the prices charged veterans reasonable? If not, please describe.

Answer. Yes, as far as regulations of OPA will permit.

12. Question. Are the medical equipment and clinical arrangement satisfactory?

Answer. Yes.

13. Question. Are the periods of hospitalization proper? Too long? Too brief?

Answer. Too brief, especially World War II cases. Should have more authority to keep patients until they are competent to go home.

14. Question. Do patients feel they are required to remain in receiving wards too long before complete examinations and treatment are started?

Answer. Very few complaints.

15. Question. How about cleanliness and neatness in the buildings and on the grounds?

Answer. All buildings were inspected and storerooms, and dining rooms were scrupulously clean, and sanitary conditions are very satisfactory and grounds are well kept and in good condition.

16. Question. Is it felt that the discipline and morale of the patients are satisfactory?

Answer. No complaining.

17. Question. Are the transportation facilities to and from the hospital adequate?

Answer. Excellent.

18. Question. Is the contact service considered satisfactory and adequate by the American Legion?

Answer. Yes.

19. Question. How does the ratio of patients to full-time physicians and surgeons, nurses, and attendants in the veterans' hospital compare to that in State, county, and municipal institutions?

Answer. April 6, 1945: Nineteen full-time medical officers. 2 part-time medical officers, 72 nurses, and 3 vacancies—2,125 patients.

20. Question. Are the patients too crowded? Is there sufficient floor space per patient?

Answer. Wards do not appear to be crowded. Official capacity, 2,022; emergency capacity, 275; total, 2,295; patient load to date, 2,100—April 9, 1945.

21. Question. How do you find the discipline and morale of the hospital personnel?

Answer. Good.

22. Question. What is your recommendation as to type and number of additional beds that may be required for the new load?

Answer. Three hundred beds for acute cases; fifty beds for tuberculosis hospital or building.

23. Question. What percentage of the patients are leaving the hospital against medical advice? Why?

Answer. Less than 5 percent because of desire to go home to relatives.

24. Question. What percentage of the patients without dependents leave the hospitals against medical advice due to the reduction in pension while being hospitalized?

Answer. None.

25. Question. Could better personnel care be furnished with staff aide program of WAC's trained in hospital routine, thus relieving nurses for more important duties?

Answer. No. Prefer personnel through civil service. Recommend more ward clerk help for nurses and medical staff.

26. Question. Are there any complaints on the part of the patients regarding the lack of information given them as to their physical condition and advice as to future treatment upon being discharged from the hospital?

Answer. No.

27. Question. What general or specific recommendations would you offer as to the medical treatment or hospital care of veterans in Veterans' Administration facilities?

Answer. See Illinois commander's letters of May 8 for further recommendations.

R. D. SHORT, M. D.

WATSEKA, ILL.

#### QUESTIONS TO BE ANSWERED AS TO EACH VETERANS HOSPITAL

(Kindly respond in same numerical order, and air mail the report to National Commander Scheiberling, Washington 6, D. C.)

Name of hospital: United States Veterans' Facility.

Address: Danville, Ill.

1. Question. What was your bed capacity December 1941?

Answer. Bed capacity was 1,868.

2. Question. How many new beds have been constructed since December 1941?

Answer. No new construction. One building formerly attendance quarters converted to use of parole ward patients (85). Rearrangement gained some beds.

3. Question. What is your present bed capacity?



Answer. Official bed capacity is 2,022. Emergency capacity included is 2,295.

4. Question. How many men on the waiting list?

Answer. A few current ones—not large.

5. Question. How much Army personnel is assigned to your hospital?

(a) Doctors?

(b) Attendants and orderlies?

(c) Is this arrangement satisfactory?

Answer.

(a) Six who are not Veterans' Administration, previously came from Army.

(b) Sixty-five authorized, 45 now here.

(c) Yes.

6. Question. How many admissions have you had during the past 6 months?

Answer. Admissions 541; October 1944, 111; November 1944, 119; December 1944, 108; January 1945, 123; February 1945, 40; March 1945, 40; Fourteen emergency surgical beds kept available for out-patients. At present date 10 beds are occupied.

In making my inspection I paid particular attention to food served and the condition of the kitchens. The meal served that day was well balanced and generous portions were served. The bills of fare for several weeks prior to our visit show that the patients were well fed. The patients whose mental condition is such that they can express themselves appears to be satisfied with their food and care. The kitchen and bakery were very clean. The storerooms were very clean and well kept. The meat and other food was of the best quality. The dietitian is very efficient and seemed to be very much interested in her work.

The fire-fighting equipment is adequate, but the men who handle it are attendants taken from other work and are not efficient. Would recommend that at least three efficient firemen be employed to properly organize and train a fire department.

The managing officer, Dr. Rolland, was very courteous and conducted us to every part of the hospital we requested. I could find nothing in the care of patients, condition of buildings, cleanliness, or efficiency of medical staff and attendants that deserved criticism. In my opinion they should be commended on the efficient manner in which they perform their duties.

OMAR J. McMACKIN,  
Senior Vice Commander,  
The American Legion,  
Department of Illinois.

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UNITED STATES VETERANS' HOSPITAL, DOWNEY, ILL. (NEUROPSYCHIATRIC, 2,050 BEDS)

1. Question. Are there any general or specific complaints on the medical treatment and hospital care received by the patients? If so, please describe fully.

Answer. There are no general or specific complaints about medical treatment except the minor complaints you would anticipate receiving in a hospital caring for mental patients.

2. Question. Has remedial action been taken by the Veterans' Administration in those cases or others which may have been previously reported?

Answer. Dr. Goode and his staff are constantly on the alert for routine complaints, which are always promptly investigated and corrected by administrative action.

3. Question. What is your opinion of the relative standards of treatment in the veterans' hospitals as compared to the State, county, and municipal institutions in the same area?

Answer. The standards of treatment in this hospital is much above the level of State, county, and municipal institutions caring for the same type of patients. Food is better, and the ratio of personnel per patient is much higher.

4. Question. Does the manager, chief medical officer, and/or clinical director feel that they have sufficient authority to run the hospital as efficiently as they might desire?

Answer. The staff and the management feel that they do have sufficient authority to administer adequate medical treatment within the hospital. They do not believe they are handicapped in administering medical treatment.

5. Question. Do they feel that there are undue restrictions and regulations under which they must function? If so, kindly specify in what way.

Answer. The manager feels that many of the restrictions and regulations could be safely eliminated, thus permitting more latitude in the administration of the hospital in handling purely administrative and personnel problems. Too many matters have to be referred to the central office for approval which frequently cause delay.

6. Question. Do they feel they have sufficient authority and latitude to employ competent doctors, nurses, and attendants?

Answer. Yes, as to nurses and orderlies but not for doctors. We feel that authority should be granted to employ doctors who are qualified and available without having to secure authority from the central office.

7. Question. Do they have encouragement and support in research, in participating in clinical meetings, symposiums, medical lecture courses, and so forth?

Answer. Clinical staff meetings are held once a week. The entire staff and heads of the various departments hold a "must" conference once each month. Doctors are encouraged to attend lectures every 2 weeks at Great Lakes or Fort Sheridan. Consulting staff consists of two outside doctors. Staff is not large enough to be able to excuse doctors to attend postgraduate courses; replacements are not available.

8. Question. What definite complaints, if any, are there to the quality, quantity, variety, and preparation of food in the veterans' hospitals?

Answer. No complaints were discovered and Dr. Goode advises he is having no trouble in procuring the proper quantity and quality of food.

9. Question. Have there been or are there any specific cases of alleged abuse or neglect of patients?

Answer. Recently one attendant was accused of abusing a patient and was promptly fired although he was an attendant of 10 years' employment and against whom no previous complaint had ever been made. Any complaints of this nature are promptly investigated by the staff and disciplinary action taken, even complaints resulting from fights among patients are given prompt attention and are also investigated.

10. Question. Are the recreational facilities adequate?

Answer. The recreational facilities are not large enough. The theater will accommodate only 450 at a time and the manager has recommended an additional recreational building and combination camp which would add much to the recreational facilities for the patients and would be a boost to the morale of the personnel. Outside recreational facilities are adequate for the summer months.

11. Question. Is the canteen service satisfactory and are the prices charged veterans reasonable? If not, please describe.

Answer. This canteen is entirely inadequate, has a very poor lay-out, and the appearance is very depressing. Merchandise is all over the floor. It occupies a space of not more than 20 by 20 and can accommodate about 8 patients at a time at the lunch counter.

12. Question. Are the medical equipment and clinical arrangements satisfactory?

Answer. The medical equipment is modern and adequate, although it is recommended that a new 35 mm. machine be provided for the X-ray department. The clinical building arrangement is not good, as it was originally constructed for a hospital of 850 and is wholly inadequate for the present need.

13. Question. Are the periods of hospitalization proper? Too long? Too brief?

Answer. This is difficult to determine in an NP hospital. It is admitted, however, that some cases could be sent home on a trial visit if the home atmosphere was proper and if railroads were in a position to provide the necessary supervision and encouragement. In these cases patients cannot be released but are frequently transferred to domiciliary facilities in order to get them out of the NP hospital. Cases where proper period hospitalization is not being provided are usually the cases where the family takes the veteran out against medical advice and against the judgment of the staff.

14. Question. Do patients feel they are required to remain in receiving wards too long before complete examinations and treatment are started?

Answer. Patients in an NP can hardly express their feelings on this point, but we are assured that the patient gets immediate attention upon being admitted to the receiving ward and is cared for constantly in that service before being transferred to treatment wards.

15. Question. How about cleanliness and neatness in the buildings and on the grounds?

Answer. Very good. Even the older buildings show constant care and attention.

16. Question. Is it felt that the discipline and morale of the patients are satisfactory?

Answer. Yes; as far as it is possible to determine among mental patients.

17. Question. Are the transportation facilities to and from the hospital adequate?

Answer. This hospital has no outside transportation and is a distance of three or four blocks from interurban and steam road connections and approximately five blocks from streetcar connections. In rainy and cold weather this is a hardship.

18. Question. Is the contact service considered satisfactory and adequate by the American Legion?

Answer. There is one man now appointed to the Downey Facility, and with approximately 2,100 patients anticipated it is believed that additional service will have to be provided. The present contact man spends some of his time in a branch office in Waukegan, which should be discontinued.

19. Question. How does the ratio of patients to full-time physicians and surgeons, nurses, and attendants in the veterans' hospital compare to that in State, county, and municipal institutions?

Answer. The ratio of attendants per patient is 1 to 5 $\frac{1}{2}$ ; nurses, 1 to 30; and doctors, 1 to 26.

20. Question. Are the patients too crowded? Is there sufficient floor space per patient?

Answer. The receiving wards are too crowded and the intensive-treatment building is also too crowded.

21. Question. How do you find the discipline and morale of the hospital personnel? What are their complaints, if any?

Answer. No complaints were found among the hospital personnel at this hospital.

22. Question. What is your recommendation as to type and number of additional beds that may be required for the new load?

Answer. The Rehabilitation Commission of Illinois has recommended 500 additional beds for Downey Hospital.

23. Question. What percentage of the patients are leaving the hospital against medical advice? Why?

Answer. During the past 6 months the average patient population has been 1,675. During that period 46 men left against medical advice and 10 went a. w. o. l. It is clearly indicated by our investigation that most of the against-medical-advice discharges are caused by the family insisting upon the man being discharged. There is some indication at this facility that the family is being advised prior to the man's arrival that they can request his discharge because in some cases the family arrives at the hospital before the patient arrives. On April 4 six against-medical-advice discharges were granted under similar circumstances.

24. Question. What percentage of the patients without dependents leave the hospitals against medical advice due to the reduction in pension while being hospitalized?

Answer. No way of determining this factor among NP patients.

25. Question. Could better personal care be furnished with staff aide program of Wacs trained in hospital routine, thus relieving nurses for more important duties?

Answer. Dr. Goode feels that Wacs would assist if they were properly selected and trained before being assigned to the hospital. However, he feels that civil-service employees would be better and would relieve the doctors and nurses of a lot of detailed paper work.

26. Question. Are there any complaints on the part of the patients regarding the lack of information given them as to their physical condition and advice as to future treatment upon being discharged from the hospital?

Answer. NP patients cannot be advised, but it is stated that the proper instructions and information are given to the families and the families are advised that further information will be given to the family doctor upon request and written authority.

27. What general or specific recommendations would you offer as to the medical treatment and hospital care of veterans in Veterans' Administration facilities?



Answer. To improve the morale and the appearance of the patient group a better type of lounging pajamas should be furnished to at least the convalescent patients similar to those now being furnished the Army and Navy personnel in the service hospitals.

A recreational building including gym accommodations should be provided for both patients and personnel. A new intensive treatment building and receiving ward should also be provided.

Medical clerical help should be provided for the wards.

A new chapel has been requested and should be provided at this facility.

L. R. BENSTON,  
*Director of Rehabilitation.*

ARTHUR E. CANTY,  
*Department Commander.*

#### UNITED STATES VETERANS' FACILITY, DOWNEY, ILL.

The neuropsychiatric hospital is 30 miles from Chicago. It was formerly called the North Chicago Hospital. Have had a bed capacity of 1,465 and 3 years ago increased to 1,850 without adding additional buildings. Just recently 436 additional beds have been opened and there are 1,900 beds occupied at present. The Army has requested the balance. There are none on the waiting list.

Two doctors and approximately 150 enlisted personnel have been appointed to the hospital from the Army. The enlisted personnel consists of orderlies, mess attendants, and auxiliary help. While there are no specific complaints the management admits that this type of personnel and arrangement is not as satisfactory as civil-service employees.

#### QUESTIONS TO BE ANSWERED AS TO EACH VETERANS' HOSPITAL

(Kindly respond in same numerical order, and air mail the report to National Commander Scheiberling, Washington 6, D. C.)

Name of hospital: United States Veterans' facility.

Address: Hines, Ill. (general medical and surgical, 2,024 beds).

1. Question. Are there any general or specific complaints on the medical treatment and hospital care received by the patients? If so, please describe fully.

Answer. There are no general or specific complaints on medical treatment at this facility. We are fortunate in having the caliber of the staff which exists under Mr. Beck, the chief medical officer, and the clinical director.

2. Question. Has remedial action been taken by the Veterans' Administration in those cases or others which may have been previously reported?

Answer. With the hospital load of 1,900 currently being treated, it is natural to expect daily complaints, but it can be safely said that with all veterans' organizations having permanent personnel assigned to the hospital complaints are investigated as they arise and are called to the attention of the management.

3. Question. What is your opinion of the relative standards of treatment in the veterans' hospitals as compared to the State, county, and municipal institutions in the same area?

Answer. It is believed the standard of treatment at the Hines facility is much higher than it is in any State, county, or municipal institution in this area and compares favorably with any civil hospital in the same area.

4. Question. Do the manager, chief medical officer, and/or clinical director feel they have sufficient authority to run the hospital as efficiently as they might desire?

Answer. The staff advises that they do have sufficient authority to administer medical service to the patients promptly and efficiently. There are some administrative regulations and instructions that frequently cause administrative irritation, but it is not felt that these interfere with medical treatment.

5. Question. Do they feel that there are undue restrictions and regulations under which they must function? If so, kindly specify in what way.

Answer. The staff at Hines does not complain of restrictions and regulations, and our impression was that what restrictions and regulations do exist do not actually interfere with good medicine.

6. Question. Do they feel they have sufficient authority and latitude to employ competent doctors, nurses, and attendants?

Answer. The staff states they have sufficient authority to employ nurses and attendants if they were available, but they also feel that authority should be granted to the manager so that he might employ doctors who are qualified and who become available from time to time without having to refer to the central office.

7. Question. Do they have encouragement and support in research, in participating in clinical meetings, symposiums, medical lecture courses, etc.?

Answer. Yes; the members of the staff are encouraged to participate in all types of classes, clinical meetings, etc., and whenever possible members of the staff are sent to take postgraduate courses. Limitation of the staff makes it impossible to excuse many members for these types of meetings off the reservation because replacements are not available. Clinics are held twice a week for the entire staff at Hines.

8. Question. What definite complaints, if any, are there as to the quality, quantity, variety, and preparation of food in the veterans' hospitals?

Answer. None. This hospital is fortunate in having one of the best dietitians in the Veterans' Administration. The appearance of the kitchens and the help in those kitchens is very good. Complaints about the food are seldom heard among the patients.

9. Question. Have there been or are there any specific cases of alleged abuse or neglect of patients?

Answer. None of the veteran organizations having offices at this facility report any specific cases of abuse or neglect of patients.

10. Question. Are the recreational facilities adequate?

Answer. No. Plans are being considered, however, and have been submitted to the central office explaining outside recreational facilities and, undoubtedly, a director of such a program will have to be appointed to the Hines Facility.

11. Question. Is the canteen service satisfactory, and are the prices charged veterans reasonable? If not, please describe.

Answer. The services at the canteen are as good as can be expected with the scarcity of good help. The prices are in line with neighboring stores. The canteen, however, is not able to get sufficient merchandise to meet the demands and improved priority rating should be made for canteens operating in veterans' facilities.

12. Question. Are the medical equipment and clinical arrangements satisfactory?

Answer. Medical equipment is sufficient except that certain obsolete equipment should be replaced. Requisition has already been made. This hospital produces approximately 8,000 exposures per month. The clinical arrangement is not good at Hines but rearranging the same would be difficult because of the physical construction of the hospital.

13. Question. Are the periods of hospitalization proper? Too long? Too brief?

Answer. No outstanding cases were discovered indicating that patients have been kept too long or too briefly. The hospital handles general medical and general surgical cases as well as TB and NP cases as promptly as possible, but it is hard to give a fair average showing the entire length of time in the hospital. It appears that among the general medical and surgical cases the average stay in the hospital is approximately 40 days.

14. Question. Do patients feel they are required to remain in receiving wards too long before complete examinations and treatment are started?

Answer. No such complaint was called to our attention. The staff is getting the treatment to the patients where indicated even though it is not possible to move the patient to the treatment ward. The flow of patients to treatment wards from the receiving ward is dependent upon the available beds in the various treatment wards.

15. Question. How about cleanliness and neatness in the buildings and on the grounds?

Answer. The hospital appeared to be very clean and neat and the grounds are in good condition.

16. Question. Is it felt that the discipline and morale of the patients are satisfactory?

Answer. The patients appear to be universally pleased with the service they are receiving and the morale is good.

17. Question. Are the transportation facilities to and from the hospital adequate?

Answer. Busses service the hospital on an average of every 30 minutes and in rush hours every 15 minutes. It requires approximately 45 minutes to get to the hospital from the downtown district. On Sundays additional bus services are provided for the visiting hours.

18. Question. Is the contact service considered satisfactory and adequate by the American Legion?

Answer. There are four men assigned to contact work in the hospital and this appears to be adequate to take care of the needs.

19. Question. How does the ratio of patients to full-time physicians and surgeons, nurses, and attendants in the veterans' hospital compare to that in State, county, and municipal institutions?

Answer. Counting only the ward doctors and excluding the administrative medical personnel we have an average of 1 doctor for each 40 patients; nurses, 1 to 12; and attendants, 1 to 9. This is much better than maintained in State, county, and municipal hospitals and compares favorably with civil institutions.

20. Question. Are the patients too crowded? Is there sufficient floor space per patient?

Answer. Wards do not appear to be crowded, and it is estimated that we have an average of 50 to 60 square feet per patient.

21. Question. How do you find the discipline and morale of the hospital personnel? What are their complaints, if any?

Answer. The discipline and morale of the hospital personnel appear to be very good. If there is dissatisfaction it is not apparent and the management does not appear to be concerned.

22. Question. What is your recommendation as to type and number of additional beds that may be required for the new load?

Answer. When the additional 600 beds for the cancer center have been completed it is believed that no additional beds should be recommended for Hines. It is assumed that the 2,000 beds now at the Vaughan General Hospital will eventually be turned over to Hines.

23. Question. What percentage of the patients are leaving the hospital against medical advice? Why?

Answer. Investigation discloses that during the last calendar year 11,577 patients received treatment at Hines and 598 were listed as against medical advice. This means 4.39 percent against medical advice. The 598 is also broken down to show 189 against medical advice and 319 as disciplinary discharges or absent without leave.

24. Question. What percentage of the patients without dependents leave the hospitals against medical advice due to the reduction in pension while being hospitalized?

Answer. No effort is being made to determine such a figure. The staff does not feel, however, that many of the against medical advice discharges are caused by this particular factor.

25. Question. Could better personal care be furnished with staff aide program of WAC's trained in hospital routine, thus relieving nurses for more important duties?

Answer. WAC's would not improve the service unless they were very carefully selected and properly trained before assignment to Hines. Hines facility now has a very splendid program of auxiliary service made up of nurses aides and cadet nurses. About 100 are now serving at Hines. Nursing service could be improved if a medical clerk could be assigned to each of the wards to relieve the nurses of a lot of paper work, and it is also recommended that a central clothing room with properly trained help should be established for the whole hospital.

26. Question. Are there any complaints on the part of the patients regarding the lack of information given them as to their physical condition and advice as to future treatment upon being discharged from the hospital?

Answer. We find that the discharge board and the ward doctors are using good medical judgment in counseling with the veterans on the matter of future treatment and explaining the type of disability from which the patient is suffering. This matter has to be handled individually and good common sense must be used by the doctors. The patients are always advised that a copy of their



medical record and treatment recommendations will be furnished to their family doctors upon written authority and request.

27. Question. What general or specific recommendations would you offer as to the medical treatment and hospital care of veterans in Veterans' Administration facilities?

Answer. Medical clerk help would serve to eliminate much of the paper work of the doctors and nurses. It is also recommended that both libraries at Hines be enlarged; namely the patients' library and the medical library. It is also recommended that authority be granted to the staff to effect transfer on domiciliary cases without special authority from the central office.

Further recommendation: It is also felt that the morale of the patients and the appearance of the patient group in all hospitals would be improved if a more attractive lounging pajama could be supplied, similar to the convalescent pajamas being used in many of the Army and Navy hospitals. This might eliminate the necessity of using the unattractive bathrobe around the wards in the hospitals.

In conclusion it should be stated that the consulting staff at the Hines Facility consists of 17 outside doctors, the very best available in the Chicago area in their own line of medicine.

ARTHUR E. CANTY,  
Department Commander.  
L. R. BENSON,  
Director of Rehabilitation.

#### SURVEY OF THE HINES FACILITY MADE BY THE JOINT COMMITTEE REPRESENTING THE AMERICAN LEGION, DISABLED AMERICAN VETERANS, AND VETERANS OF FOREIGN WARS ON MARCH 30, 1945

This hospital is 13 miles west of the center of Chicago and was opened in 1923. On December 7, 1941, it had a bed capacity of 1,750. The bed capacity was increased to 1,925 without any additional buildings. This was accomplished by placing some beds in the wards and in using some additional space.

There are approximately 400 men on the waiting list and the hospital is filled to capacity. The 400 are not in immediate need of treatment and most of them are surgical cases that can be safely postponed.

The shortage of help has been relieved somewhat by the assignment of Army personnel.

In addition to the medical officers some 250 enlisted personnel are assigned to the hospital. These consist of orderlies, mess attendants, and help at the medical depot.

Army personnel is not as satisfactory as civil-service employees secured in the normal way.

This hospital averages approximately 850 admissions per month. Admitted last fiscal year 11,577.

#### QUESTIONS TO BE ANSWERED AS TO EACH VETERANS' HOSPITAL

(Kindly respond in same numerical order, and airmail the report to National Commander Scheiberling, Washington 6, D. C.)

Name of hospital: United States Veterans' Facility.

Address: Marion, Ill. (general medical and surgical, 214 beds).

1. Question. Are there any general or specific complaints on the medical treatment and hospital care received by the patients? If so, please describe fully.

Answer. No.

2. Question. Has remedial action been taken by the Veterans' Administration in those cases or others which may have been previously reported?

Answer. ———.

3. Question. What is your opinion of the relative standards of treatment in the veterans' hospitals as compared to the State, county, and municipal institutions in the same area?

Answer. Superior.

4. Question. Do the manager, chief medical officer, and/or clinical director feel they have sufficient authority to run the hospital as efficiently as they might desire?

Answer. No.

5. Question. Do they feel that there are undue restrictions and regulations under which they must function? If so, kindly specify in what way.

Answer. Object to delay in obtaining relatives' permission when a spinal puncture is needed by an unconscious patient. This sometimes requires several days.

6. Question. Do they feel they have sufficient authority and latitude to employ competent doctors, nurses, and attendants?

Answer. Feel they should be allowed to use own judgment.

7. Question. Do they have encouragement and support in research, in participating in clinical meetings, symposiums, medical lecture courses, etc.?

Answer. Yes.

8. Question. What definite complaints, if any, are there as to the quality, quantity, variety, and preparation of food in the veterans' hospitals?

Answer. None.

9. Question. Have there been or are there any specific cases of alleged abuse or neglect of patients?

Answer. No.

10. Question. Are the recreational facilities adequate?

Answer. No.

11. Question. Is the canteen service satisfactory, and are the prices charged veterans reasonable? If not, please describe.

Answer. Yes; with the exception of cigarettes. The supply is inadequate.

12. Question. Are the medical equipment and clinical arrangements satisfactory?

Answer. Very satisfactory.

13. Question. Are the periods of hospitalization proper? Too long? Too brief?

Answer. Thirty-day average.

14. Question. Do patients feel they are required to remain in receiving wards too long before complete examinations and treatment are started?

Answer. No. Patients remain in receiving ward 1 week or less. Acute medical and surgery go direct to treatment wards.

15. Question. How about cleanliness and neatness in the buildings and on the grounds?

Answer. Yes. It is the cleanest and best kept hospital I have ever seen. Made a special effort to find something dirty and untidy, but was unable to do so.

16. Question. Is it felt that the discipline and morale of the patients are satisfactory?

Answer. Yes, very good.

17. Question. Are the transportation facilities to and from the hospital adequate?

Answer. Yes.

18. Question. Is the contact service considered satisfactory and adequate by the American Legion?

Answer. Yes.

19. Question. How does the ratio of patients to full-time physicians and surgeons, nurses, and attendants in the veterans' hospital compare to that in State, country, and municipal institutions?

Answer. Eight full time M. D.'s, nine recommended; twenty-three nurses; twenty-six hospital attendants; nineteen mess attendants; two hundred patients.

20. Question. Are the patients too crowded? Is there sufficient floor space per patient?

Answer. Wards were designed to have 75 square feet per patient. Beds are now used so they have 55 square feet per patient.

21. Question. How do you find the discipline and morale of the hospital personnel? What are their complaints, if any?

Answer. In some cases M. D.'s are dissatisfied with the housing in Marion, would recommend officers quarters be built on reservation. Discipline and morale very good.

22. Question. What is your recommendation as to type and number of additional beds that may be required for the new load?

Answer. Four hundred additional general medical beds at once. Study should be made of the number of World War II veterans from the area served so

sufficient beds would be available as the load will increase. Department rehabilitation commission has also recommended 1,000 convalescent-case beds.

23. Question. What percentage of the patients are leaving the hospital against medical advice? Why?

Answer. Eight percent. Family reasons and economic reasons.

24. Question. What percentage of the patients without dependents leave the hospital against medical advice due to the reduction in pension while being hospitalized?

Answer. None.

25. Question. Could better personal care be furnished with staff aide program of Waacs trained in hospital routine, thus relieving nurses for more important duties?

Answer. No. Would recommend that clerical help be given to doctors and nurses. Too much of their time is taken up with this type of work to the detriment of the professional work.

26. Question. Are there any complaints on the part of the patients regarding the lack of information given them as to their physical condition and advice as to future treatment upon being discharged from the hospital?

Answer. No.

27. Question. What general or specific recommendations would you offer as to the medical treatment and hospital care of veterans in Veterans' Administration facilities?

Answer. None.

This is the most efficiently managed hospital I have ever seen. In talking with the patients and those who have been patients I have never found a complaint. The meals are exceptionally good, well prepared and well served. The medical staff, nurses and attendants are considerate and courteous to both the patients and visitors. Any veteran who needs hospitalization is very fortunate that a facility of this type is available.

L. R. BENSTAN,

*Director of Rehabilitation.*

OMAR J. McMACKIN,

*Senior Vice Commander, The American Legion,*

*Department of Illinois.*

#### QUESTIONS TO BE ANSWERED AS TO EACH VETERANS' HOSPITAL

(Kindly respond in same numerical order, and airmail the report to National Commander Scheiberling, Washington 6, D. C.)

Name of hospital: United States Veterans' Administration, combined facilities.

Address: Indianapolis, Ind. (general medical and surgical, 345 beds).

1. Question. Are there any general or specific complaints on the medical treatment and hospital care received by the patients? If so, please describe briefly.

Answer. The time between the entrance to hospital and completion of diagnosis seems to be from 10 to 15 days. Too much delay in admitting and admitting and putting to bed ambulance cases. Some complaints of discourtesy toward veterans by the doctors.

2. Question. Has remedial action been taken by the Veterans' Administration in these cases or others which may have been previously reported?

Answer. The hospital is terribly understaffed. They are underpaid. Other Government agencies, such as war plants, are taking employees because of higher wages.

3. Question. What is your opinion of the relative standards of treatment in the veterans' hospitals as compared to the State, county, and municipal institutions in the same area?

Answer. The Veterans' Administration hospital, when it does have an adequate staff, rates above the average county or State institution. It is also better equipped to handle patients, with more modern equipment.

4. Question. Do the manager, chief medical officer, and/or clinical director feel they have sufficient authority to run the hospital as efficiently as they might desire?



Answer. Mr. Moore, the manager, and Lieutenant Colonel Hare, medical officer, need more latitude for direct action in keeping with good judgment, and cumbersome machinery should be simplified by elimination of red tape.

5. Question. Do they feel that there are undue restrictions and regulations under which they must function? If so, kindly specify in what way.

Answer. Simplification permitting management of facility to exercise common sense in many minor matters is needed. Comptroller audits regulations too rigid. Suggest General Hines hold meetings of administrators of facilities at intervals in Washington for exchange of ideas and simplification of rules.

6. Question. Do they feel they have sufficient authority and latitude to employ competent doctors, nurses, and attendants?

Answer. Latitude exists and sufficient authority for hiring doctors, nurses, and attendants. Quality obtained very poor. Salaries disgracefully low. Transfer system of unloading undesirable doctors on another facility is bad. Hospital understaffed throughout. War industries and other business offer better pay. Hours long, work hard, pay low.

7. Question. Do they have encouragement and support in research, in participating in clinical meetings, symposiums, medical lecture courses, etc.?

Answer. Indianapolis facility progressive in clinical meetings, symposiums, medical lectures, illustrated lectures and such. Highly commendable activity in this regard carried on by facility here.

8. Question. What definite complaints, if any, are there as to the quality, quantity, variety, and preparation of food in the veterans' hospitals?

Answer. Quality, good; quantity, good; variety, good; preparation, good. Too much time between the time the food cart leaves the kitchen until the tray is delivered on the patient's bed. Food delivered cool or cold. This is due to incompetent help because of pay restrictions.

9. Question. Have there been or are there any specific cases of alleged abuse or neglect of patients?

Answer. Patients refused admission but later upon request of Legion re-examined and admitted and in one case patient died within 12 hours.

10. Question. Are the recreational facilities adequate?

Answer. No. In bedridden wards the recreational-facilities program seems to be limited in scope, seems to be routine, and that the occupational therapist, Miss Butts, is too intent on her own theories and not those of the patients, especially the bedridden patients. There is no recreational attention being paid to bed patients.

11. Question. Is the canteen service satisfactory, and are the prices charged veterans reasonable? If not, please describe.

Answer. The canteen is handicapped with insufficient supplies and recommend that priority be granted veterans' hospital canteens by central authority.

12. Question. Are the medical equipment and clinical arrangements satisfactory?

Answer. Yes.

13. Question. Are the periods of hospitalization proper? Too long? Too brief?

Answer. Outside of delay before diagnosis, it is very good.

14. Question. Do patients feel they are required to remain in receiving wards too long before complete examinations and treatment are started?

Answer. Yes.

15. Question. How about cleanliness and neatness in the buildings and on the grounds?

Answer. Very good.

16. Question. Is it felt that the discipline and morale of the patients are satisfactory?

Answer. Yes.

17. Question. Are the transportation facilities to and from the hospital adequate?

Answer. No. There is no direct service from the city to the hospital. Have to transfer and wait 20 to 30 minutes for hospital bus.

18. Question. Is the contact service considered satisfactory and adequate by the American Legion?

Answer. No. Contact men are inexperienced and need more direct guidance and supervision.

19. Question. How does the ratio of patients to full-time physicians and surgeons, nurses, and attendants in the veterans' hospital compare to that in State, county, and municipal institutions?

Answer. Far too many patients for the physicians, surgeons, nurses, and attendants. Again, understaffed.

20. Question. Are the patients too crowded? Is there sufficient floor space per patient?

Answer. No; not now. Yes; at present.

21. Question. How do you find the discipline and morale of the hospital personnel? What are their complaints, if any?

Answer. Good; underpaid and long hours.

22. Question. What is your recommendation as to type and number of additional beds that may be required for the new load?

Answer. Contemplated new buildings.

23. Question. What percentage of the patients are leaving the hospital against medical advice? Why?

Answer. Very few. Personal reasons.

24. Question. What percentage of patients without dependents leave the hospitals against medical advice due to the reduction in pension while being hospitalized?

Answer. Very small.

25. Question. Could better personal care be furnished with staff aide program of WAC's trained in hospital routine, thus relieving nurses for more important duties?

Answer. Yes.

26. Question. Are there any complaints on the part of the patients regarding the lack of information given them as to their physical condition and advice as to future treatment upon being discharged from the hospital?

Answer. Yes. Recommend a certain period each day for conference between patients and ward superior, or the chief medical officer, where it is desirable.

27. Question. What general or specific recommendations would you offer as to the medical treatment and hospital care of veterans in Veterans' Administration facilities?

Answer. That more latitude be allowed the manager in the administration of the hospital. That the chief medical officer and all examining surgeons be urged to attend medical talks outside of the Veterans' Administration facility; that doctors on rating boards be checked periodically as to whether or not they attend medical meetings and read their medical journals and keep up to date on their medicine. The red tape in the entire set-up should be curtailed to a minimum so quicker and more complete service can be given to individual patients.

My personal opinion is that Mr. Moore, the manager; Lieutenant Colonel Hare, and the nursing staff are doing the finest job possible for them to do with the facilities at their disposal. They are very sincere and conscientious in their work, and I, as the State commander, am convinced that if they are given more latitude they will do a much better job.

There is an unreasonable delay in the mails and records division in obtaining files, this is in part due to the low salaries paid some of these employees and due to lack of proper supervision and training of file clerks.

#### QUESTIONS TO BE ANSWERED AS TO EACH VETERANS' HOSPITAL

(Kindly respond in same numerical order, and airmail the report to National Commander Scheiberling, Washington 6, D. C.)

Name of hospital: Veterans' Administration facility.

Address: Marion, Ind. (neuropsychiatric, 2,015 beds).

1. Question. Are there any general or specific complaints on the medical treatment and hospital care received by the patients? If so, please describe briefly.

Answer. Very isolated cases only. No cases of consequence for better than 2 years.

2. Question. Has remedial action been taken by the Veterans' Administration in these cases or others which may have been previously reported?

Answer. Yes. Investigations are immediately made, and finding corrected if needed, complete history, or record made and filed.

3. Question. What is your opinion of the relative standards of treatment in the veterans' hospitals as compared to the State, county, and municipal institutions in the same area?

Answer. Far superior.

4. Question. Do the manager, chief medical, and/or clinical director feel they have sufficient authority to run the hospital as efficiently as they might desire?

Answer. No.

5. Question. Do they feel that there are undue restrictions and regulations under which they must function? If so, kindly specify in what way.

Answer. Yes; entirely too much detail required from doctors and nurses which is deemed unnecessary, and should be done by nonprofessional labor.

6. Question. Do they feel they have sufficient authority and latitude to employ competent doctors, nurses and attendants?

Answer. Yes, if available. Very difficult to get competent personnel due to the very low wage scale.

7. Question. Do they have encouragement and support in research, in participating in clinical meetings, symposiums, medical lecture courses, etc.?

Answer. No time available due to the lack of personnel.

8. Question. What definite complaints, if any, are there as to the quality, quantity, variety and preparation of food in the veterans' hospitals?

Answer. None. One of the best equipped in the country.

9. Question. Have there been or are there any specific cases of alleged abuse or neglect of patients?

Answer. Yea; but these cases are immediately taken care of by investigation and in most cases found to be unwarranted.

10. Question. Are the recreational facilities adequate.

Answer. Yes.

11. Question. Is the canteen service satisfactory, and are the prices charged veterans reasonable? If not, please describe.

Answer. Canteen set-up is unsatisfactory at present: recommendations have now been made for more suitable quarters: prices in line with present market.

12. Question. Are the medical equipment and clinical arrangements satisfactory?

Answer. Yes.

13. Question. Are the periods of hospitalization proper? Too long? Too brief?

Answer. Recommend 30-day period for observation, but many patients refuse to stay that long, and leave against medical advice.

14. Question. Do patients feel they are required to remain in receiving wards too long before complete examinations and treatment are started?

Answer. No. Examination and treatment are started immediately upon admittance.

15. Question. How about cleanliness and neatness in the buildings and on the grounds?

Answer. Are kept in excellent condition at all times.

16. Question. Is it felt that the discipline and morale of the patients are satisfactory?

Answer. Yes. I would say very satisfactory.

17. Question. Are the transportation facilities to and from the hospital adequate?

Answer. Yes.

18. Question. Is the contact service considered satisfactory and adequate by the American Legion?

Answer. Yes.

19. Question. How does the ratio of patients to full-time physicians and surgeons, nurses, and attendants in the veterans' hospital compare to that in State, county, and municipal institutions?

Answer. Much higher.

20. Question. Are the patients too crowded? Is there sufficient floor space per patients?

Answer. Yes. No.

21. Question. How do you find the discipline and morale of the hospital personnel? What are their complaints, if any?

Answer. None. All speak very highly of the management. Most all are underpaid and complain some.

22. Question. What is your recommendation as to type and number of additional beds that may be required for the new load?

Answer. Should have a new, modern acute building with at least 165 beds.

23. Question. What percentage of the patients are leaving the hospital against medical advice? Why?



Answer. 39.06 percent January 1, 1944, to January 1, 1945, shows that 209 were discharged with maximum benefits, 140 were discharged with improvement, and 225 were discharged against medical advice. No control of some cases.

24. Question. What percentage of patients without dependents leave the hospitals against medical advice due to the reduction in pension while being hospitalized?

Answer. None.

25. Question. Could better personal care be furnished with staff aide programs of WAC's trained in hospital routine, thus relieving nurses for more important duties?

Answer. Doubt very much whether this would be advisable; would not recommend.

26. Question. Are there any complaints on the part of the patients regarding the lack of information given them as to their physical condition and advice as to future treatment upon being discharged from the hospital?

Answer. Condition of patients is discussed and recommendation made upon discharge as to future treatment, except those that their condition is such that it is deemed not advisable to discuss their physical condition.

27. Question. What general or specific recommendations would you offer as to the medical treatment and hospital care of veterans in Veterans' Administration facilities?

Answer. None.

Need better and more competent personnel in all departments of the facility, which is very difficult to obtain under the present wartime conditions. Employees, attendants, etc., should receive more pay for the services they are rendering.

The facility is managed in a very efficient manner, and the manager and executive officers have a very keen interest in the treatment and welfare of the patients, and are doing a wonderful job notwithstanding the fact they are short on doctors, nurses, and employees, which no doubt is a serious handicap.

Respectfully submitted.

By GEORGE E. HAYES,  
*Member State Executive Committee,*  
*Department of Indiana,*  
*American Legion.*  
 WILLIAM BROWN,  
*Department Commander,*  
*Department of Indiana.*

#### QUESTIONS TO BE ANSWERED AS TO EACH VETERANS' HOSPITAL

(Kindly respond in same numerical order, and air mail the report to National Commander Scheiberling, Washington 6, D. C.)

Name of hospital: Veterans' Administration Facility.

Address: Des Moines, Iowa. (General Medical and Surgical, 545 beds.)

1. Question. Are there any general or specific complaints on the medical treatment and hospital care received by the patients? If so, please describe briefly.

Answer. Surprisingly few and these of a trivial nature.

2. Question. Has remedial action been taken by the Veterans' Administration in these cases or others which may have been previously reported?

Answer. Yes.

3. Question. What is your opinion of the relative standards of treatment in the veterans' hospitals as compared to the State, county, and municipal institutions in the same are?

Answer. Very much better.

4. Question. Do the manager, chief medical officer and/or clinical director feel they have sufficient authority to run the hospital as efficiently as they might desire?

Answer. No.

5. Question. Do they feel that there are undue restrictions and regulations under which they must function? If so, kindly specify in what way.

Answer. Yes. Manager and chief medical officer are not given sufficient authority by central office.

6. Question. Do they feel they have sufficient authority and latitude to employ competent doctors, nurses, and attendants?

Answer. No. As far as physicians are concerned. A little better on nurses. Attendants can now be employed by manager. Should be authorized to employ consultants in individual cases.

7. Question. Do they have encouragement and support in research, in participating in clinical meetings, symposiums, medical lecture courses, and so forth?

Answer. They are encouraged along this line but must do so at their own expense and on their own time.

8. Question. What definite complaints, if any, are there as to the quality, quantity, variety, and preparation of food in the veterans' hospitals?

Answer. None at Des Moines.

9. Question. Have there been or are there any specific cases of alleged abuse or neglect of patients?

Answer. In several instances in the past. This has been due to lack of esprit de corps among the physicians.

10. Question. Are the recreational facilities adequate?

Answer. No.

11. Question. Is the canteen service satisfactory, and are the prices charged veterans reasonable? If not, please describe.

Answer. Yes.

12. Question. Are the medical equipment and clinical arrangements satisfactory?

Answer. No. They need additional equipment very badly.

13. Question. Are the periods of hospitalization proper? Too long? Too brief?

Answer. On the average I believe they keep the patients in the hospital too long. This results in men going a. m. a. or a. w. o. l.

14. Question. Do patients feel they are required to remain in receiving wards too long before complete examinations and treatment are started?

Answer. They are required to remain in receiving wards far too long before the treatment of the disability for which they were admitted is begun.

15. Question. How about cleanliness and neatness in the buildings and on the grounds?

Answer. Very fine.

16. Question. Is it felt that the discipline and morale of the patients are satisfactory?

Answer. Yes; considering they are discharged soldiers and are expected to complain some.

17. Question. Are the transportation facilities to and from the hospital adequate?

Answer. Yes.

18. Question. Is the contact service considered satisfactory and adequate by the American Legion?

Answer. At the regional office and in the hospital "yes."

19. Question. How does the ratio of patients to full-time physicians and surgeons, nurses, and attendants in the veterans' hospital compare to that in State, county, and municipal institutions?

Answer. Ratio at Des Moines is higher.

20. Question. Are the patients too crowded? Is there sufficient floor space per patient?

Answer. Too crowded with the additional beds that have been placed in the hospital.

21. Question. How do you find the discipline and morale of the hospital personnel? What are their complaints, if any?

Answer. Good, considering that the wage scale is lower than paid by private industry.

22. Question. What is your recommendation as to type and number of additional beds that may be required for the new load?

Answer. I believe we will need double the number of general medical and surgical beds that we now have. We will need a ward for female veterans.

23. Question. What percentage of the patients are leaving the hospital against medical advice? Why?

Answer. See attached list for January, February, and March 1945.

24. Question. What percentage of patients without dependents leave the hospitals against medical advice due to the reduction in pension while being hospitalized?

Answer. Believe this number is small.

25. Question. Could better personal care be furnished with staff-aid program of WAC's trained in hospital routine, thus relieving nurses for more important duties?

Answer. Such care by WAC's would correspond to nurses aides who are doing fine work.

26. Question. Are there any complaints on the part of the patients regarding lack of information given them as to their physical condition and advice as to future treatment upon being discharged from the hospital?

Answer. Yes. I believe when a man goes before the hospital discharge board he should be given complete information if it will not harm him. He should be urged to sign a request to have his private physician furnished all information.

27. Question. What general or specific recommendations would you offer as to the medical treatment and hospital care of veterans in Veterans' Administration facilities?

Answer. I believe a higher type of physician could be obtained if a higher salary was paid.

Naturally, physicians being detailed to the Veterans' Administration by the Army are not the best and are not specialists in any sense of the word. What we need more in Des Moines at present are trained psychiatrists and neurosurgeons.

I do not believe we should have TB wards in the Des Moines General Medical Hospital. I do believe that the 100-bed Army hospital at Camp Dodge, which is not being used, should be utilized and thus allow our World War II TB men to be cared for close to their families and friends.

We very badly need occupational therapy, especially for World War II men.

HUGO P. SAGGAL

Department Commander of Iowa.

Date	Patient load	Number and kind of irregular discharges	Date	Patient load	Number and kind of irregular discharges
<i>1945</i>			<i>1945</i>		
Jan. 3	369	2 a. w. o. l.	Feb. 20	478	2 a. m. a.
4	372	2 a. w. o. l., 1 a. m. a.	23	470	3 a. m. a.
6	383	3 a. m. a.	24	460	1 a. w. o. l., 1 a. m. a.
8	393	1 a. m. a., 1 a. w. o. l.	26	472	1 a. w. o. l., 1 a. m. a.
9	407	3 a. m. a.	27	464	3 a. m. a.
10	404	4 a. m. a.	28	463	1 a. m. a.
11	407	1 a. m. a.	Total discharges for February.		299.
12	405	2 a. m. a.	Mar. 1	458	3 a. m. a.
13	402	1 a. m. a.	2	454	1 a. m. a.
14	417	2 a. m. a., 1 a. w. o. l.	5	446	1 a. w. o. l.; 1 a. m. a.
19	435	3 disciplinary, 3 a. m. a.	6	443	1 a. m. a.
20	421	1 disciplinary, 2 a. m. a.	8	443	1 a. m. a.
22	429	1 a. m. a., 1 a. w. o. l.	9	436	1 a. w. o. l.
23	432	2 a. m. a.	13	436	1 a. m. a.; 1 a. w. o. l.
24	432	3 a. m. a., 1 a. w. o. l.	14	435	1 a. w. o. l.
27	423	1 a. m. a.	16	435	3 a. m. a.
29	442	2 a. m. a.	18	423	1 a. w. o. l.
31	444	1 a. m. a., 1 a. w. o. l.	19	438	1 a. m. a.; 1 a. w. o. l.
Total discharges for January.		248.	20	438	1 a. w. o. l.
Feb. 1	442	2 a. m. a.	21	448	2 a. m. a.
3	437	1 a. m. a.	22	442	2 a. m. a.
5	448	1 a. m. a.	23	434	1 a. m. a.
6	460	2 a. m. a.	24	410	1 a. m. a.
7	466	1 a. m. a.	29	390	1 a. m. a.
9	462	3 a. m. a.	30	377	3 a. m. a.
10	446	2 a. w. o. l.	Total discharges for March		380.
13	458	1 a. m. a.			
14	450	3 a. m. a.			
15	448	1 a. m. a.			
17	438	2 a. m. a.			



## QUESTIONS TO BE ANSWERED AS TO EACH VETERANS HOSPITAL

(KINDLY RESPOND IN SAME NUMERICAL ORDER, AND AIRMAIL THE REPORT TO NATIONAL COMMANDER SCHEIBERLING, WASHINGTON 6, D. C.)

Name of hospital: Veterans' Administration facility.

Address: Knoxville, Iowa (neuropsychiatric, 1,940 beds).

1. Question. Are there any general or specific complaints on the medical treatment and hospital care received by the patients? If so, please describe briefly.

Answer. No. Just minor and general run as would apply to NP facility.

2. Question. Has remedial action been taken by the Veterans' Administration in these cases or others which may have been previously reported?

Answer. General lines asks that all injuries be reported and watched closely.

3. Question. What is your opinion of the relative standards of treatment in the veterans' hospitals as compared to the State, county, and municipal institutions in the same area?

Answer. Above the average for institutions of this type.

4. Question. Do the manager, chief medical officer, and/or clinical director feel they have sufficient authority to run the hospital as efficiently as they might desire?

Answer. Yes.

5. Question. Do they feel that there are undue restrictions and regulations under which they must function? If so, kindly specify in what way.

Answer. Yes; as to spinal punctures where there are no relatives, Washington must give approval.

6. Question. Do they feel they have sufficient authority and latitude to employ competent doctors, nurses, and attendants?

Answer. Nothing specific, except as undesirable nurses, etc., should have right to discharge.

7. Question. Do they have encouragement and support in research, in participating in clinical meetings, symposiums, medical lecture courses, etc?

Answer. Research must be accomplished on own time.

8. Question. What definite complaints, if any, are there as to the quality, quantity, variety, and preparation of food in the veterans' hospitals?

Answer. None. Food served hot and is palatable.

9. Question. Have there been or are there any specific cases of alleged abuse or neglect of patients?

Answer. One case of a patient slapped; attendant was discharged.

10. Question. Are the recreational facilities adequate?

Answer. Yes; with exception of gym.

11. Question. Is the canteen service satisfactory, and are the prices charged veterans reasonable? If not, please describe.

Answer. Yes.

12. Question. Are the medical equipment and clinical arrangements satisfactory?

Answer. Yes.

13. Question. Are the periods of hospitalization proper? Too long? Too brief?

Answer. Proper. Trial visits, 149; return record exceptionally good; return from trial visits, 19; leaves of absence, 63; return from leaves, 55; elopements, 21; return from elopements, 11.

14. Question. Do patients feel they are required to remain in receiving wards too long before complete examinations and treatment are started?

Answer. No comment on account of type of patient.

15. Question. How about cleanliness and neatness in the buildings and on the grounds?

Answer. Buildings and grounds in excellent shape and clean.

16. Question. Is it felt that the discipline and morale of the patients are satisfactory?

Answer. Yes; insofar as can be in an NP institution.

17. Question. Are the transportation facilities to and from the hospital adequate?

Answer. Yes.

18. Question. Is the contact service considered satisfactory and adequate by the American Legion?

Answer. Yes.

19. Question. How does the ratio of patients to full-time physicians and surgeons, nurses, and attendants in the veterans' hospital compare to that in State, county, and municipal institutions?

Answer. About the same.

20. Question. Are the patients too crowded? Is there sufficient floor space per patient?

Answer. Patients are too crowded at present, but when new unit, now about complete is opened, this situation will be relieved. Not at present.

21. Question. How do you find the discipline and morale of the hospital personnel? What are their complaints, if any?

Answer. Good, and we heard of no complaints.

22. Question. What is your recommendation as to type and number of additional beds that may be required for the new load?

Answer. Depends on number of NP cases that will require treatment due to World War II and number of NP hospitals converted or constructed in this area.

23. Question. What percentage of the patients are leaving the hospital against medical advice? Why?

Answer. None, unless removed by kin.

24. Question. What percentage of patients without dependents leave the hospitals against medical advice due to the reduction in pension while being hospitalized?

Answer. None.

25. Question. Could better personal care be furnished with staff aide program of Wacs trained in hospital routine, thus relieving nurses for more important duties?

Answer. Yes, but this is not type of hospital for Wacs.

26. Question. Are there any complaints on the part of the patients regarding the lack of information given them as to their physical condition and advice as to future treatment upon being discharged from the hospital?

Answer. No.

27. Question. What general or specific recommendations would you offer as to the medical treatment and hospital care of veterans in Veterans' Administration facilities?

Answer. In this type of hospital we have no recommendations as to medical treatment or hospital care. The present procedure seems to be satisfactory, unless new methods are introduced by competent physicians or those who have made a study of NP treatment and care.

HUGO P. SAGGAU,

*Department Commander of Iowa.*

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DEPARTMENT OF ALABAMA,  
VETERANS OF FOREIGN WARS OF THE UNITED STATES,

*Bessemer, Ala., April 6, 1945.*

JEAN A. BRUNNER,

*Commander in Chief, Veterans of Foreign Wars of the United States,*

*Care of Casey M. Jones, National Service Officer,*

*Washington, D. C.*

DEAR COMMANDER BRUNNER: In compliance with your letter of March 21, 1945, I beg to submit my report upon the three hospitals in this State operated by the Veterans' Administration. Accompanying me were the department commander of the American Legion, his department adjutant, and the State public health officer, who is also a past department commander of the Legion. The department commander of the Disabled American Veterans was invited to join us, but owing to the fact that he is an invalid and permanently in a wheel chair, he did not join us, nor did he designate a representative to act for him.

We visited the Tuscaloosa Facility on April 3, 1945, the Tuskegee Facility on April 4, 1945, and the Montgomery Facility on April 5, 1945.

In submitting my findings, I shall merely give the number of your questions with the answer to the same.

TUSCALOOSA FACILITY (NEUROPSYCHIATRIC HOSPITAL WITH 49 OPEN GENERAL MEDICAL BEDS FOR LOCAL EMERGENCIES)

1. Answer. No.

2. Answer. None indicated.

3. Answer. Above par.

4. Answer. All of the authority within the law.

5. Answer. No.
6. Answer. No latitude on choice of doctors. Can employ all nurses and attendants necessary, if they can get them. They are short two doctors.
7. Answer. Yes.
8. Answer. None.
9. Answer. No.
10. Answer. Yes.
11. Answer. Yes. The prices live up to the OPA and are also approved by the manager.
12. Answer. Yes.
13. Answer. Every case is given proper care, and no patient is discharged until ready for discharge. The length of hospitalization is not unduly prolonged.
14. Answer. No.
15. Answer. Good.
16. Answer. Yes.
17. Answer. Yes.
18. Answer. There is one contact representative assigned by the Veterans' Administration.
19. Answer. The attendants at this hospital average about 10 to 1 over the ratio at the Bryce Hospital for the Insane operated by the State. At this facility the ratio is about 1 to every 5½ patients. There are 11 doctors, 1 dentist, 1 vacancy, and the manager desires the authorization of 1 additional doctor, 116 attendants, 29 nurses, with 32 authorized physicians, plus 5 cadet nurses. There were 583 patients on the day that we visited the facility.
20. Answer. No. Yes; there is more than 50 square feet per bed.
21. Answer. Good.
22. Answer. There are 728 standard beds, with 63 over capacity. At present buildings are under construction to take care of 328 new beds. There is no way of telling what the load will amount to.
23. Answer. In the last 6 months seven-tenths of 1 percent since Pearl Harbor to February 28, 1945, 982 World War II veterans were admitted, of which 7 died. This is about eight one-hundredths of 1 percent.
24. Answer. Yes.
25. Answer. Very small; probably none at all.
26. Answer. One man in the last 6 months.
27. Answer. I will answer this question at the end of the entire report.

**TUSKEGEE FACILITY (NEUROPSYCHIATRIC HOSPITAL WITH SEVERAL HUNDRED  
GENERAL MEDICAL BEDS, FOR COLORED VETERANS ONLY)**

1. Answer. No.
2. Answer. None indicated.
3. Answer. Very superior.
4. Answer. All the authority within the law.
5. Answer. No.
6. Answer. The doctors are assigned. There is plenty of authority to hire attendants, also nurses, as they can get them. They are short two doctors. They feel it would be better if they could hire their own doctors.
7. Answer. Yes.
8. Answer. None. The food is very superior and very well prepared.
9. Answer. No.
10. Answer. Yes.
11. Answer. Very superior. They charge OPA prices, and all prices are under the control of the manager.
12. Answer. Yes.
13. Answer. Not unduly prolonged. Every case is given the proper care until the maximum benefits is attained.
14. Answer. Three to seven days in the receiving ward.
15. Answer. Very fine.
16. Answer. Yes.
17. Answer. Railroad and bus; yes. They meet all trains that have a regular stop.
18. Answer. Very satisfactorily. Two representatives are assigned by the Veterans' Administration.
19. Answer. 1,733 patients, 33 doctors and 2 more authorized; 3 dentists, 286 attendants, 342 authorized; 78 nurses, 99 authorized; 25 cadet nurses, 16 affiliates.



The ratios as given to me are: 1 doctor to 58.6 patients; 1 nurse to 17.17 patients; 1 attendant to 4.97 patients.

20. Answer. No. Yes. More than 50 square feet.

21. Answer. Good.

22. Answer. New buildings are already under construction to add 328 beds. There is 1,730 standard capacity with 210 over capacity. These new 328 beds will be for NP. There will be a need for a probable 500 more beds for GM and convalescent.

23. Answer. About 2 patients per month exclusive of TB. TB's, 3 or 4 more. The TB patients do not like to go as far away as Oteen, N. C., which is 40 miles away.

24. Answer. Yes. It would do something to do away with the enormous amount of paper work.

25. Answer. Fraction of 1 percent.

26. Answer. None. The discharge board advises them as to what they should do to take care of themselves.

27. Answer. A recommendation was made by the staff that the hospital should have intern doctors which would materially lighten the load on the older doctors. In my opinion, this facility is an exceptionally well managed institution. The doctors, nurses, and attendants all seem to take the greatest personal interest in each individual case.

#### MONTGOMERY FACILITY (GENERAL MEDICAL HOSPITAL AND REGIONAL OFFICE)

1. Answer. Plenty. There is objection to the food. There is objection to the length of time spent in the receiving ward, and there are specific complaints regarding one doctor.

2. Answer. I do not know whether any of these complaints which were made to me have been called to the attention of the management. The manager of this facility has just been changed and the new manager had only been on duty 2 or 3 days when this inspection was made.

3. Answer. In my opinion, the treatment in this facility cannot compare with that in the other two just reported on.

4. Answer. They have all the authority necessary under the law.

5. Answer. No.

6. Answer. They do have on attendants and nurses, but not on doctors and technicians. If the local facility could deal directly with the area civil-service office, they could speed up appointments to fill vacancies.

7. Answer. Yes. They hold regular staff courses. The doctors attend county medical meetings.

8. Answer. The quantity of food served on the regular diet is very small. There are no provisions made for a large eater to have seconds. Food is served "family style," six slices of meat will be put on a platter for six men at a table. If one man wants a second helping, he is informed that there is no more. If, for instance, scrambled eggs are served for breakfast and the proper amount for six is put in one dish and some darn hog grabs for it and takes half of it, the other five cannot get their adequate amount. This is a southern hospital for southern patients and the dietitian has the bulk of the vegetables prepared without the seasoning that southern patients are accustomed to having in their normal lives at home. The result is that vegetables cooked in this way are not eaten, thereby depriving the patient of the proper nourishment in addition to the waste of the food which is not used. The suppers served are very scant. The amount of food put on the trays for bed patients who are on regular diets is not sufficient for a live man. I am saying this from my own experience, as I have been a patient in this facility on regular diet. I lost an average of about 5 pounds a week to insufficient food until I stuffed myself with candy to make up the deficiency. Naturally, I wish this comment considered confidential.

9. Answer. A woman veteran, formerly in the SPARS, who wishes her name withheld told me that she had been grossly embarrassed and insulted by one of the examining physicians. She could not bring herself to tell me exactly what it was that he had said to her, in fact, she said that she had not even wanted to tell the nurse. She said that while she knew that all the nurses were very busy, that she felt that during a private examination of a female patient by a male doctor, that there should be a nurse present in the room.

10. Answer. Poor. The hospital was designed and constructed with no provision made for any recreational facility. Entertainments are given in the staff

dining room, which means that all tables must be moved out and chairs moved in when a motion picture or some other form of entertainment is given.

11. Answer. Most unsatisfactory. The hospital was designed and constructed with no provision made for a canteen, and they are using what might be termed, "a little hole in the wall." Prices do live up to the OPA rules, and are under control of the manager.

12. Answer. Yes.

13. Answer. Not unduly prolonged. Every case is given the proper care until the maximum benefit is attained.

14. Answer. Yes. Two patients told me that they had been kept in the receiving ward 16 days. One of these came in under Form P-10 with a request for an emergency hernia operation. After spending his 16 days in the receiving ward, during which time no treatment was given to him, he was moved to the surgical ward and immediately operated upon. Complaints are quite general that the time spent in the receiving ward is too long, though to be fair, I found several cases in which the patient told me that he had been sent to the medical or surgical ward immediately.

15. Answer. Excellent.

16. Answer. With all the complaints mentioned above, it can hardly be said that the morale of the patients is satisfactory. Discipline is good.

17. Answer. Yes.

18. Answer. Yes.

19. Answer. There are 10 doctors, 33 nurses, 3 cadet nurses, and 28 attendants to 281 patients.

20. Answer. No. Yes. While there is an authorized capacity of 269 patients, there were 281 patients on the date of inspection.

21. Answer. Good.

22. Answer. It is recommended that construction should be started right away for at least 500 more beds.

23. Answer. Out of 100 typical cases in the month of February, 89 was discharged m. b. a.; 4 a. m. a.; 5 a. w. o. l.; 2 died. In my opinion, this should be 9 percent as the a. w. o. l. discharges are practically the same as a. m. a.

24. Answer. Yes.

25. Answer. Under 1 percent.

26. Answer. No.

27. Answer. The suggestion was made that it would lighten the load on the doctors tremendously in the out-patients department if no World War II veteran were called in for ratings until he requested a new examination. There was a feeling that a large majority of the veterans of World War II are perfectly satisfied with the amount of compensation that they are now getting. And that it is an unnecessary expense and an unnecessary load on the doctors to have all cases called in for ratings regardless of whether they desire reratings or not. There were 12 men present on the day of inspection, who had been called in for examination and only 2 had requested.

This comment would apply to question No. 27 on the Tuscaloosa Facility report.

Respectfully submitted.

JOHN P. REYNOLDS,  
Department Commander.

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DEPARTMENT OF ARIZONA,  
VETERANS OF FOREIGN WARS,  
May 8, 1945.

REPORT OF HOSPITAL CHAIRMAN, S. H. DUBBING, DEPARTMENT SERVICE OFFICER FOR THE DEPARTMENT OF ARIZONA OF THE VETERANS' ADMINISTRATION FACILITY OF PRESCOTT, ARIZ.

1. Answer. The committee, after a complete survey of the Whipple Facility, finds that there are some complaints of the medical treatment received there. However, some steps have been taken to remedy them, and it is believed they will be carried out.

2. Answer. Yes.

3. Answer. Committee finds the standard of treatment in Whipple Facility is satisfactory with regard to comparison with State and county municipal institutions.

4. Answer. The committee believes that much could be done to assist the managers and clinical directors if their work was decentralized in a small district, which would speed up their actions in specific cases.

5. Answer. No; other than it takes too long to receive instructions from Washington, D. C.

6. Answer. The committee feels the system employed by the Veterans' Administration in transferring unsatisfactory personnel from one station to another without consulting the chief medical officer of the station to which they are transferred as to whether they are competent or not to fill the vacancies. We feel that the selection of the manager or director of a facility should be on their merit, and not their length of service or their political affiliations, and to discipline employees by discharge rather than by transfer to some other less desirable station.

7. Answer. Yes.

8. Answer. The committee finds that there are some complaints as to quality and variety of preparation of food. But in most cases we believe this would be eliminated if the food would be served hot. Many complain their food is cold when they receive it.

9. Answer. We were promised an affidavit in support of neglect of patients and will send it through when received.

10. Answer. Yes.

11. Answer. The committee finds the canteen service very good, and the prices are reasonable. Most patients believe the service should be on the same basis as the canteens in the armed forces, where they would have the benefit of much lower prices.

12. Answer. Yes.

13. Answer. Yes.

14. Answer. No.

15. Answer. The committee feels that cleanliness and neatness of the buildings and grounds are satisfactory.

16. Answer. Yes.

17. Answer. Yes.

18. Answer. Yes.

19. Answer. Favorably. The nursing services are good, though the registered nurses are not allowed to perform the same duties as exercised by nurses in other hospitals, general, not veterans' facilities.

20. Answer. No; they are not overcrowded, and there is sufficient floor space per patient.

21. Answer. The discipline and morale of the hospital personnel are good; however, we feel that it would be improved if the standard of increase in salary could be increased.

22. Answer. Steps are being taken to open additional wards which will improve the bed situation. However, we have no recommendation as to the number of beds needed or type for this facility.

23. Answer. About 40 percent. The committee feels that due to the hospital being located in a small town the percentage of patients leaving against medical advice is mainly due to the fact that there is no housing facility to accommodate their families. Also lack of entertainment of the type needed by men confined for a long period of time.

24. Answer. No. The committee feels that the registered nurses do nothing but keep clinical records and act as orderlies to the doctors.

25. Answer. About 60 percent. The committee considers the allowance granted this class of patient not sufficient to cover their personal needs.

26. Answer. Yes. The patients feel they should be given complete information as to their physical condition and the future treatment they will need after leaving the Government hospitals.

27. Answer. Recommendation No. 1: That the registered nurses be permitted to administer minor medical aid to patients suffering from pain or in need of a mild laxative when the ward doctor is absent.

Recommendation No. 2: That dental service be given all patients at least once a year regardless of service connection. That replacement of extracted teeth be made where proper mastication of food is affected by such extractions.

Remarks: The committee feels that the Whipple Facility compares favorably with all other general hospitals in this locality.



DEPARTMENT OF ARIZONA,  
VETERANS OF FOREIGN WARS,  
May 8, 1945.

REPORT OF HOSPITAL CHAIRMAN WILLIAM A. BURNS, STATE SERVICE OFFICER FOR  
THE DEPARTMENT OF ARIZONA OF THE VETERANS' ADMINISTRATION FACILITY OF  
TUCSON, ARIZ.

1. Answer. The committee, after a complete survey of the patients of the veterans' hospital at Tucson, Ariz., finds that there are no general or specific complaints on the medical treatment and hospital care received by the patients other than some minor complaints that can be satisfactorily handled by either the manager of this facility or the chief medical officer. There have been a few minor complaints and steps have been taken to correct these.

2. Answer. Remedial action has been taken by the authorities of the Veterans' Administration and satisfactory arrangements have been made in such minor complaints as have heretofore been made.

3. Answer. The committee finds that the relative standards of treatment in the veterans' hospital at Tucson, Ariz., are satisfactory without regard to comparison to the State, county and municipal institutions in this State. This is a veterans' committee and our concern is with veterans' facilities only.

4. Answer. The committee find that the manager, chief medical officer, and/or clinical director are circumscribed by central office at Washington in their authority to run the hospital as efficiently as they might desire.

Recommendation: We are not speaking for the manager, chief medical officer, and/or clinical director, but are expressing the opinions of patients and the committee members that more latitude should be given the officers in the field so that in order to improve their service they do not run into central office regulations and restrictions.

5. Answer. Please refer to recommendation to question No. 4.

6. Answer. Recommendation: The committee does not approve the system employed by the Veterans' Administration in transferring incompetent and unsatisfactory personnel from one station to another without consulting the manager and chief medical officer of the station to which they are transferred. We feel that an incompetent employee should be discharged from the service at the station where he becomes incompetent and careless.

7. Answer. Yes.

8. Answer. The committee feels that there are no definite complaints as to quality, quantity, variety and preparation of food in the veterans' hospital at Tucson, Ariz., with the exception that there is a lack of fresh vegetables served.

9. Answer. No.

10. Answer. Yes; if the facilities are made available to the patients.

Recommendation: More attention should be paid to veterans of World War II in regards to recreational facilities and the library.

11. The committee finds that the canteen service is satisfactory at this hospital and that the prices charged the veterans is reasonable under present conditions. The delivery service to the veterans on the wards could be improved. The committee also finds that there is a growing sentiment among the patients in the Veterans' Administration facilities that the canteens should be put on the same basis of the canteens in our armed forces, and further that these cooperatives should be run by some veterans' organization.

12. Answer. Yes.

13. Answer. The committee finds that the periods of hospitalization in the veterans' hospital at Tucson, Ariz., are satisfactory.

14. Answer. No.

15. Answer. The committee feels that the cleanliness and neatness in the buildings and on the grounds is satisfactory.

16. Answer. The committee feels that the discipline and morale of the patients at this hospital are satisfactory.

17. Answer. The transportation facilities in Tucson are satisfactory. However, perhaps not enough care and instructions are given the patients who are transferred to this hospital for chest surgery.

18. Answer. The contract service at this hospital is considered adequate and satisfactory.

19. Answer. Please refer to question No. 3.

20. Answer. Yes.

**Recommendation:** Since the remodeling of three wards in this hospital has caused the placing of seven patients per one-ward room, we consider this too crowded. The rest indicated for the proper recovery of tuberculosis is practically impossible in these rooms. The average patient carrying on his activities as he would in a single room, naturally breaks the rest and morale of the other patients. Most of the members of this committee protested this remodeling at the time it was done.

21. **Answer.** The discipline and morale of the hospital personnel is satisfactory but the morale of the personnel could be enhanced if they were paid more salary.

22. The committee recommends that immediate steps be taken to secure additional beds at this facility and that more beds be allocated to general medical and surgical cases.

23. **Recommendation.** First, the committee recommends that a modern, quiet, and semi-isolated surgical ward of not less than 50 beds be installed for chest surgery cases, and that the present hospital be increased at least 500 beds for tuberculosis only. Second, since arthritics, asthmatics, residuals, of rheumatic fever and tropical disease cases are being sent to this climate by the medical professions, and by recommendations being made by the medical officers of our armed forces, the committee recommends that a separate unit of not less than 500 beds be constructed on this reservation for these general medical and surgical cases. Third, the committee recommends that in both of these hospitals adequate space be provided for women patients who come to Arizona.

23. **Answer.** Fifty percent TB.

**Recommendation:** The committee feels that the stringent regulations laid down by the Veterans' Administration in regards to cures and arrests is responsible to a great extent for the large number of men who are carried on the hospital rolls as leaving the hospital against medical advice, and not enough attention is paid to the old motif of the ward surgeon being the family doctor of his men. In specialized hospitals there is not enough attention paid to the other illnesses of the patient from which he may be suffering.

24. **Answer.** Yes.

25. **Answer.** Approximately 50 percent. The committee feels that a greater majority of the patients leave the hospital against medical advice because they feel that they want to spend their own money.

26. **Answer.** Yes. The patients feel that they should be given information as to their physical condition, if they so desire, and advice as to further treatment upon being discharged from the hospital.

27. **Answer.** Recommendation No. 1. Please refer to Recommendations throughout this report which were made with particular reference to the question asked.

**Recommendation No. 2. Out-patient service:** The committee recommends that the personnel assigned to out-patient should be of the highest caliber, qualifications and professional skill; that they should be picked for their personality and ability to get along with the patients; that the present restrictions and rules should be modified so that the doctors could increase their scope of work and medication in order that their service would be more satisfactory, and with this satisfactory service the cost to the Government would be decreased by the men who under present conditions are forced to enter the hospital. The out-patient department be allowed the discretion to either give out-patient treatment and furnishing medication for minor ailments rather than hospitalizing the man at the expense of the Government.

**Recommendation No. 3. Dental service:** The committee feels that all patients' teeth should be examined and treated, if necessary, at least twice a year.

**Recommendation No. 4. Clinics:** The committee feels that the Veterans' Administration might well follow the example and results they have had in regard to their cancer clinics and institute such research in clinics in regards to tuberculosis and other chronic conditions that seem to affect such a large percentage of our veterans.

**Remarks:** An inquiry has been made into the set-up treatment and care of patients at, first, Pima County Hospital; second, State Tubercular Sanatorium, Tempe, Ariz.; third, Southern Pacific Sanatorium, Tucson; and fourth, St. Luke's on the Desert, Tucson. Pima County Hospital is rather hard to enter, and cases are quite often far advanced before admission. There are 13 beds available to this county at the State hospital, and they are very carefully picked as to those only with a most favorable prognosis, leaving those others to gradually die off.

The records are favorable for the State sanatorium under these favorable conditions. The Southern Pacific Co. examine their men at frequent intervals; as a result they seldom get far-advanced cases. In both these cases the patients have not other place to go; they must stay, follow treatment as outlined, and, under these conditions improvement must follow if it is indicated. It is not possible to properly compare this to Veterans' Administration cases unless earnest patients were picked, who follow their cures as outlined above; we believe the Veterans' Administration would show equal or superior results. In regards to the St. Luke's they only take young men with no more than moderately advanced cases, naturally their reports are favorable. It is unfortunate that veterans' cures are tied up to constant review of cases, loss of income on improvement, and reduction on hospitalization without dependents, regardless of the obligations that he may have. As a whole the Veterans' Administration has a larger percentage of personnel per patient and their food is certainly more varied and better.

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LIST OF QUESTIONS TO BE ANSWERED IN NUMERICAL ORDER AS TO EACH HOSPITAL

(Copies in triplicate to be furnished the commander in chief)

Name of hospital: Veterans' Administration facility.

Address: Fort Miley, San Francisco, Calif.

1. Question. Are there any general or specific complaints on the medical treatment and hospital care received by the patients? If so, please describe briefly.

Answer: Some complaints on treatment, however, this was easily corrected.

2. Question. Has remedial action been taken by the Veterans' Administration in these cases or others which may have been previously reported?

Answer. Yes.

3. Question. What is your opinion of the relative standard of treatment in the veterans' hospitals as compared to the State, county, and municipal institutions in the same area?

Answer. Standards of treatment higher in this facility.

4. Question. Do the manager, chief medical officer, and/or clinical director feel they have sufficient authority to run the hospital as efficiently as they might desire?

Answer. Believe that if regulations were relaxed to some extent, officials could run institutions more efficiently.

5. Question. Do they feel that there are undue restrictions and regulations under which they must function? If so, kindly specify in what way.

Answer. Yes; too many problems must be taken up with central office before action can be taken.

6. Question. Do they feel they have sufficient authority and latitude to employ competent doctors, nurses, and attendants?

Answer. No; inasmuch as it is believed the officers in charge should have authority to fill positions requiring immediate attention.

7. Question. Do they have encouragement and support in research, in participating in clinical meetings, symposiums, medical lecture courses, etc.?

Answer. Yes.

8. Question. What definite complaints, if any, are there as to the quality, quantity, variety, and preparation of food in the veterans' hospitals?

Answer. None Food good, quantity and quality good.

9. Question. Have there been or are there any specific cases of alleged abuse or neglect of patients?

Answer. No.

10. Question. Are the recreational facilities adequate?

Answer. Yes.

11. Question. Is the canteen service satisfactory and are the prices charged veterans reasonable? If so, please describe.

Answer. Service satisfactory, prices reasonable.

12. Question. Are the medical equipment and clinical arrangements satisfactory?

Answer. Yes.

13. Are the periods of hospitalization proper? Too long? Too brief?

Answer. Yes. No charges until maximum hospital benefit has been reached.



14. Question. Do patients feel they are required to remain in receiving wards too long before complete examinations and treatment are started?

Answer. No.

15. Question. How about cleanliness and neatness in the buildings and on the grounds?

Answer. Excellent.

16. Question. Is it felt that the discipline and morale of the patients are satisfactory?

Answer. Yes.

17. Question. Are the transportation facilities to and from the hospital adequate?

Answer. Yes.

18. Question. Is the contact service considered satisfactory and adequate by the VFW?

Answer. Excellent; additions being made regularly.

19. Question. How does the ratio of patients to full-time physicians and surgeons, nurses, and attendants in the veterans hospital compare to that in State, county, and municipal institutions?

Answer. Higher than average institution.

20. Question. Are the patients too crowded? Is there sufficient floor space per patient?

Answer. Too crowded under existing circumstances.

21. Question. How do they find the discipline and morale of the hospital personnel? What are their complaints, if any?

Answer. Military personnel not too well satisfied. Nurses and doctors are O. K.

22. Question. What is your recommendation as to type and number of additional beds that may be required for the new load?

Answer. Hospital for female patients only; 400 additional NP beds; 400 general medical and surgical beds; all needed for northern California.

23. What percentage of the patients are leaving the hospital against medical advice? Why?

Answer. About 8 percent.

24. Question. Could better personal care be furnished with staff aide program of WAC's trained in hospital routine, thus relieving nurses for more important duties?

Answer. Yes.

25. Question. What percentage of patients without dependents leave the hospital against medical advice due to the reduction in pension while being hospitalized?

Answer. No figures available. Reduction in pension does cause quite a few to leave.

26. Question. Are there any complaints on the part of the patients regarding the lack of information given them as to their physical condition and advice as to future treatment upon being discharged from the hospital?

Answer. No.

27. Question. What general or specific recommendations would you offer as to the medical treatment and hospital care of veterans in Veterans' Administration facilities?

Answer. Suggest immediate assignment of doctors and nurses and more beds at the San Francisco facility. Present staff inadequate to handle load and with ever increasing load definitely necessary that adequate staff be procured. Using approximately 200 beds in outside institutions to care for load.

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MAY 11, 1945.

R. R. McFALL,

*Commander, Department of California,  
Veterans of Foreign Wars of the United States,  
Los Angeles 2, Calif.*

MY DEAR COMMANDER: I follow herewith with the report as to the observations from the visit to Livermore TB Hospital, and about which I wrote you a hurried itemization, under date of April 24, 1945, and of which a copy is attached hereto. For the sake of brevity, I shall paragraph this from 1 to 27, and as a résumé, urge that the attached be an over-all picture and opinion of the place.

Question 1: This received a categorical answer of "no" by Dr. Murphy and Dr. Harrud; however, there was general and specific complaint entered by those named persons, to wit: Stearns, McWilliams, more graphically described in the allonge.

Question 2: This question was answered "no" by the Drs. Murphy and Harrud, although by implication it was inferred there had been things to be remedied, which are being taken care of by new installations of surgical equipment and operating paraphernalia.

Question 3: We believe the standard of treatment is a difficult quality to measure, unless we have a standard by which to go; however, the type, scope, and quality of treatment, we believe compares somewhat below that of the State, county, and municipal institutions.

Question 4: Both the manager and the clinical director indicate having sufficient authority to run the hospital as they desire. This gives rise to an inference that if the poor conditions have obtained, that criticism is proper, for there is no reason for lack of such authority.

Question 5: The manager and the clinical director neither believe there are undue regulations and restrictions under which they function. They indicate having ample opportunity to proceed through channels for that which they need. If they lack of things, therefore, it is obvious, because they know not what are those requisite, or are too penurious to cause money to be spent to procure those things.

Question 6: The manager and clinical director indicate having an inadequate staff, for lack of a sufficiently high salary to attract competent doctors, nurses, and attendants.

Question 7: The manager and clinical director relate they do encourage participation by this staff in clinical meetings, etc.; this is refuted by the others, as is related in the allonge.

Question 8: Also is explored in the allonge.

Question 9: Is answered negatively.

Question 10: The answer is "no," but there is being installed a fairly good radio equipment, but the need is expressed for more movies and radios; it is also observed there is no day-room for visiting friends and relatives.

Question 11: The canteen service reflects that prices charged veterans are sometimes slightly higher than those prices obtaining outside, and obviously quite higher than those charged the Army personnel through the PX.

Question 12: The manager and the clinical director indicate the ordering recently of a new pneumothorax machine and equipment and enlargement of an operating room for chest surgery.

Question 13: In that this is a TB hospital, and the men come to the hospital already suffering from that disease, the lowest term of confinement runs into many months, which to them is a staggering length of time.

Question 14: In that they are already suffering upon their arrival, complete examination and treatment are ready to immediately begin without their remaining too long in receiving wards.

Question 15: The buildings and the grounds are very clean and well kept; however, complaint was registered by the patients in the cottages at the dirt allowed to accumulate in the latrines.

Question 16: Discipline of the patients is satisfactory, but the morale is not quite up to par because of those conditions of the food, as related in the allonge.

Question 17: There were no complaints registered as to transportation facilities to and from the hospital.

Question 18: We deem the contact service highly satisfactory and adequate; commendation is in order and freely bestowed upon McWilliams, the Veterans' Administration contact man.

Question 19: This is a statistical question, beyond my ability to answer, not having a yardstick by which to measure.

Question 20: Answered by the manager and clinical director, negative in the first half, affirmative in the second half, with a categorical affirmative by the patients as to the first half, and a negative as to the second half.

Question 21: The hospital personnel might be divided into two major groups of civilian and Army employment, and of the civilian into three levels of doctors, nurses, and orderlies or attendants. The Army personnel furnish practically none other than orderlies and are under the command of an officer and a sergeant. The categorical question put to one civilian doctor, brought this response: "Frankly, I do not know what to say. We were called into a staff meeting by the clinical director and the manager, and urged indirectly to think of the honor of

the staff being at stake and that no good could come from any criticism of the staff," which remarks were uttered while furtive glances were cast in all directions to see if the walls had ears. By indirection, though by not a direct assertion, the question was answered by a disarming question urged upon ourselves, namely, how can you expect discipline of the Army personnel, when the officer in charge imbibes too freely, and when the first sergeant is under such a handicap. The statement about the discipline is further set out in the allonge.

Question 22: A substantial percentage are leaving the hospital against medical advice, particularly among World War II men, they being victims of new cases and refuse to face the fact of having TB with its attendant consequences. Also complaint lodged against Army doctors, who seek to convince the soldier he has only a short time to stay in the hospital; then the man is found bereft of military control and is bluntly told he has a long time to stay; the obvious answer is against medical advice.

Question 23: Fears of TB per se discourage many, if not most, from happily entering upon duty in a TB hospital, a different mental approach than that found in personnel in a general hospital; this poses a philosophical discussion, rather than an opinion of ourselves.

Question 25: Reduction in pension is another high contributing factor to a. m. a. patients, who are of the opinion that they may avail themselves of county hospital service, later to find a charge is made by the county, which in the long run practically equals the financial equation.

Question 26: Not having been able to speak with any who have been discharged from the hospital, this question can best be answered by a complaint on the part of patients that a discussion, undertoned with sympathetic appreciation by the consulting doctor would go far to aid the mental condition of the patient. To most of the doctors, it is regrettable to relate, these patients are not patients to the doctor in the degree of relationship exists in civilian economy between patient and doctor, but are another name and another number to be considered, it is belied this complete lack of doctor and patient tie is one of the great factors that prompt lack of cheery and happy mental attitudes in the patients.

Question 27: These items are recited as facts, which when reviewed in the light of the allonge gave rise to the opinions expressed therein. We recite:

Difficulty of keeping up standards with present help.

Three ranges and one grill suffer frequent break-downs, due to failure of electric heating element.

An oven with no thermometer and no replacements of broken thermometer had.

The combing and retention knife edges and grooves on the high-pressure steam cooker warped and inept.

Sink soldered and resoldered and resoldered again and again.

Hood over the ranges and cooking urns without exhaust fans for sufficient ventilation to prevent condensation of steam to drip and retriickle back down over the equipment.

A great amount of breakage of crockery due to careless and unconcerned handling by personnel.

Out of one tray of dishes, some three dozen in number, five were dirty and deserving of washing again.

Inadequate steam and inadequate hot water in which to wash and spray and rinse and preheat the dishes to insure cleanliness, sterilization, and latent-heat evaporation and drying.

One tray of spoons, some four dozen, and fully one-quarter still dirty, in fact, very dirty.

No present anesthetist to aid the surgeon, if he were to perform surgery, if he had the equipment, if he were given the go-ahead sign.

A severe restriction on the personnel being permitted use of tobacco.

Twenty-one beds crowded into one room, which room is divided into three sections of 7 beds each, and which 21 bed units have replaced the former outer porch.

A disregard of the personal feelings of the patient, that if personalities become distasteful to others, to obtain a switch or change, has been very difficult and has prompted some patients to leave, rather than endure crowding with those distasteful.

A rule issued to medical staff, that more concern shall be given to prevent dust being found, than care given the patient.



A somewhat strict and severe requirement by the manager and the clinical director, whereby the doctors must adhere to the time clock schedule and account for the hours of arrival and departure and the time in between.

Question 22 is definitely omitted, not from oversight, but from fear that a recommendation may appear to be too exaggerated, either in the small number or the large number of beds. It is related by doctors of my own acquaintance, who have indicated there is today what appears a highly possible specific for the TB bacillus and its capsule, which if successful, may practically eliminate TB. This, of course, is a hope and should not be a promise, for any suggestion to eliminate our present TB hospitals. If the rate of hospital requirements jumps, as will the expected case load of Veterans' Administration hospitalization program, 1,500 beds at Livermore may prove inadequate.

This report is given in a sense of very fair appraisal, without malice and reflects the true opinion of your director and of your department service officer, North, Hedman Kruithof, and is issued pursuant to your request arising out of the directive of our commander in chief, under date of March 21, 1945. Respectfully submitted for transmittal to the commander in chief.

Yours in comradeship,

WILLIAM E. BARDEN,  
*State Director, Service and Rehabilitation, Veterans of  
Foreign Wars of the United States, Department of California.*

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LIST OF QUESTIONS TO BE ANSWERED IN NUMERICAL ORDER AS TO EACH HOSPITAL

(Copies in triplicate furnished the commander in chief)

Name of hospital: Veterans' Administration Facility.

Address: Sawtelle, West Los Angeles, Calif.

1. Question. Are there any general or specific complaints on the medical treatment and hospital care received by the patients? If so, please describe briefly.

Answer. Some complaints, some justified, however, nothing of a serious nature and were easily remedied.

2. Question. Has remedial action been taken by the Veterans' Administration in these cases or others which may have been previously reported?

Answer. Yes.

3. Question. What is your opinion of the relative standard of treatment in the veterans' hospitals as compared to the State, county, and municipal institutions in the same area?

Answer. Higher.

4. Question. Do the manager, chief medical officer, and/or clinical director feel they have sufficient authority, to run the hospital as efficiently as they might desire?

Answer. No. It is believed if regulations would be relaxed it would be beneficial. In matters pertaining to the hospital it is believed the program could and would be handled more efficiently if the officer in charge had more authority to act.

5. Question. Do they feel that there are undue restrictions and regulations under which they must function? If so, kindly specify in what way?

Answer. Yes. Many problems arise in which the officers in charge find it necessary to refer to central office for authority to act.

6. Question. Do they feel they have sufficient authority and latitude to employ competent doctors, nurses, and attendants?

Question. It is believed the officers in charge of a station should have the authority to employ competent medical doctors, nurses and attendants.

7. Question. Do they have encouragement and support in research, in participating in clinical meetings, symposiums, medical lecture courses, etc.?

Answer. The staff are all anxious and eager to attend all meetings possible. However, it is impossible to allow all staff members to leave, and, if they do attend they must take the time on annual leave or first secure authority from central office as they are civil-service employees. One thing that was brought to our attention and should be corrected is the fact that the doctors who are in the service, Army and Navy, are recognized by the Medical Association, both State and local, while the doctors in the service of the Veterans' Administration, civil-service status, are not recognized by the association. In matters of research, certain doctors are selected for this purpose and complete data must be before the officer in charge before work is done.

8. Question. What definite complaints, if any, are there as to the quality, quantity, variety and preparation of food in the veterans hospitals?

Answer. Nothing in particular. Food in quality, quantity, and preparation praiseworthy.

9. Question. Have there been or are there any specific cases of alleged abuse or neglect of patients? Very seldom is there a report of this nature.

10. Question. Are the recreational facilities adequate?

Answer. No space available for recreational facilities.

11. Question. Is the canteen service satisfactory, and are the prices charged veterans reasonable? If so, please describe.

Answer. Some complaints. However, they are of a minor nature.

12. Question. Are the medical equipment and clinical arrangements satisfactory?

Answer. Yes.

13. Question. Are the periods of hospitalization proper? Too long? Too brief?

Answer. Yes. Not discharged before reaching maximum hospital benefit.

14. Question. Do patients feel they are required to remain in receiving wards too long before complete examinations and treatment are started?

Answer. No.

15. Question. How about cleanliness and neatness in the buildings and on the grounds?

Answer. Excellent.

16. Question. Is it felt that the discipline and morale of the patients are satisfactory?

Answer. Yes.

17. Question. Are the transportation facilities to and from the hospital adequate?

Answer. Yes.

18. Question. Is the contact service considered satisfactory and adequate by the VFW?

Answer. Yes; and provisions are made to augment present staff.

19. Question. How does the ratio of patients to full-time physicians and surgeons, nurses, and attendants in the veterans' hospital compare to that in State, county, and municipal institutions?

Answer. Probably higher than average institutions.

20. Question. Are the patients too crowded? Is there sufficient floor space per patient?

Answer. Too crowded: normal capacity large ward, 24 beds; 10 percent over capacity.

21. Question. How do they find the discipline and morale of the hospital personnel? What are their complaints, if any?

Answer. Military personnel dissatisfied. Nurses dissatisfied with present quarters. Discipline O. K.

22. Question. What is your recommendation as to type and number of additional beds that may be required for the new load?

Answer. Twenty-five hundred general medical and surgical beds to include female veterans; also 100 additional NP beds for female patients at the NP hospital.

23. Question. What percentage of the patients are leaving the hospital against medical advice? Why?

Answer. About 3 percent.

24. Question. Could better personal care be furnished with staff aide program of WAC's trained in hospital routine, thus relieving nurses for more important duties?

Answer. If available, and training comparable to nurses aides.

25. Question. What percentage of patients without dependents leave the hospital against medical advice due to the reduction in pension while being hospitalized?

Answer. No figure available.

26. Question. Are there any complaints on the part of the patients regarding the lack of information given them as to their physical condition and advice as to future treatment upon being discharged from the hospital?

Answer. Medical determination, complaints nominal.

27. Question. What general or specific recommendations would you offer as to the medical treatment and hospital care of veterans in Veterans' Administration facilities?

Answer. The over-all picture in the facility at Los Angeles is very good, but additional beds and staff, doctors and nurses will be needed to care for the increased load that is on us at the present time.

MAY 14, 1945.

R. R. McFALL,

*Commander, Department of California,  
Veterans of Foreign War of the United States,  
Los Angeles 2, California*

MY DEAR COMMANDER: Pursuant to your directive of making a tour and inspection of Veterans' Administration hospitals, your Director and the northern California senior service officer made an unannounced visit to the Veterans' Administration Hospital at Palo Alto, Calif., which is principally dedicated to care and treatment of mentally ill veterans of some 1,432, of which 488 are World War II persons, and some 201 are outside the institution on a trial visit. It was pointed out by the Colonel Lasche that medically there is never a cure; sometimes there is a "remission," sometimes improvement, never a true cure.

In an investigation of a mental hospital, we wish to point out that a very great deal of tact must be exercised for this reason: Any question addressed to a patient might bring forth a response from a man who is mentally deranged, and which response would therefore be of no great value; any such question might engender in the patient's mind a great field of emotional disturbance and prompt that man to a program of mental gymnastics and imaginations and hallucinations to the prejudice of both himself and the institution. However, we did make many inquiries of the patients themselves, as well as of the personnel and of the staff, and feel qualified to render this as a definite report by your director and the senior service officer, of California, north.

Question 1: We found no general or specific complaints on the medical treatment and the hospital care received by the patients.

Question 2: No remarks are advanced by virtue of the negative given to the preceding question.

Question 3: From what has been told us as to treatment of patients in State, county, and municipal institutions, we believe Palo Alto is entitled to a fine mark. This could be humorous were it not wreathed with the tragic, and I recite a small passage observed by us. Under a huge oak tree there were gathered some 20 of these men, vigorously discussing the results of the death of our President Roosevelt, which had occurred only the day before; said the crowd haranguer: "Serves you right you sons of — you voted for him and you killed him in office; it serves you right" which was repeated a half dozen times. Then said one of the audience: "You had better shut up, you crazy b—— or they will have you up to Agnew." Parenthetically, Agnew is a State institution for the insane. From this might be drawn the inference that the men do not appreciate their being in an insane asylum or do appreciate they are in the home for the mentally ill and that greater consequences attach to being a patient at our State institution.

Question 4: The officers feel they have sufficient authority.

Question 5: They do not deem their restrictions and regulations to trammel their efforts to conduct an efficient as well as a humane institution.

Question 6: They also observe that the smallness of salaries and wages paid to staff and attendants does not offer inducement to retain and maintain the best in personnel, but offer no apologies for those they presently have.

Question 7: Despite the encouragement and support of research and participation in clinical meetings, etc., there is again encountered the feeling of smoldering resentment by the medical profession at socialized medicine.

Question 8: Instead of complaints as to the quality and quantity and variety and preparation of food, the pleasurable and indicated gusto with which the men fell in and turned to at the food demonstrates by the act their appreciation of the food. Kruithof and I visited in and observed the many departments, the butter room, creamery room, the bakery, the ice box, the kitchen, the scullery, the pantry, and were pleasurably gratified to see the quantity as well as the quality available.

Question 9: There have been specific cases of alleged abuses or neglect of the patients. Colonel Lasche is reputed to be a most indulgent manager insofar as the complaints of the patients are concerned, and very strict and stern at charges of abuse or neglect. At the few times when there has been abuse with assault by an attendant, that attendant has been prosecuted in the courts; if



the charge be of neglect, there has been an enforced separation of such attendant from the service.

Question 10: Recreational facilities of course are quite limited, but there is a large theater for presentations both in flesh and on the screen. There is no limit to the amount of radios except that which is imposed by ability to buy; there are several lounge rooms where games are available, together with jigsaw puzzles, cards, and books.

Question 11: The canteen service, in our opinion, is quite satisfactory. Prices charged are the same as those that obtain on the outside. The operators of the canteen relate cashing as much as \$15,000 of Government paper per month, with no charge to the payee or endorser.

Question 12: The facilities, clinical surgery, pharmacy, therapy, laboratory, we deem excellent. We noted the presence of electrocardiograph, of X-ray and fluoroscope, of electric shock treatment equipment, of a well-stocked and well-equipped laboratory, and were particularly impressed by one of the staff, who exultantly displayed an imposing array of drugs and medicines, vaccines, and serums, and "things that make an apothecary joyful and happy," and particularly of the most recent acquisitions of a couple million units of penicillin. In addition to the staff, there are many outside physicians and surgeons available on instant call for specialty work.

Question 13: The patients by virtue of confining disability quite obviously are in no position to give an opinion of the length or the shortness of their hospitalization.

Question 14: By the same token they cannot indicate being required to remain in a receiving ward, for usually the commitment papers that accompany each patient at entrance carry a history of the patient.

Question 15: The buildings and the grounds are well kept and are neat and are orderly.

Question 16: The discipline and the morale of the patients, with everything considered, is satisfactory.

Question 17: Can be answered yes.

Question 18: Is answered yes; it is pointed out that in the month of March there were 1,044 visiting permits issued to visiting parties, and an over-all 20-year history reveals an average of 944 visits per month. Each permit may be for one person or for a committee of a Veterans of Foreign Wars post or auxiliary, as well as other organizations, and obviously were there to be wrongdoing, such would long since have been revealed.

Question 19: This is a statistical question and we do not feel qualified to answer.

Question 20: The patients are not too crowded; in fact, there is to be additional space and quarters provided for the anticipated load that Palo Alto reasonably expects to shoulder. This must be borne in mind: that there is an anticipated 20 percent of the case load of feminine ex-service personnel. Just what the difficulties are that may be encountered with this situation having some thousands of men and hundreds of women, all in various stages of mental illness, can be left to the imagination. This invokes that famous short short short, "nut, screws, and bolts."

Question 21: We believe the discipline and morale of the hospital personnel to be tops. The pharmacists, the attendants, the nurses, the orderlies, the doctors, all gave indication of being quite happy in their job, and expressions of a sympathetic approach to the poor devils over whom they sway control.

Question 22: Using the yardstick of an anticipated veteran population in California after the war in the number of 2½ million or treble that which obtained prior to World War II, we believe it safe to assume a trebling of the facilities is not out of order.

Question 23: Few if any are leaving the hospital against medical advice, for the obvious reason they have been committed there under process, and except for parole or a writ of habeas corpus, they do not leave. It has been found, however, by the staff that many during their lucid periods are encouraged to leave on "trial visit"; during these trial visits many have been found to so adapt themselves that further hospitalization is not required. Some of the patients also are aware that they may become violent and deliberately refrain from leaving; in fact, that protection for them and for others is thus insured. There have been two suicides in a couple of decades, which, of course, is not out of line, all things being considered.

Question 24: Out of a staff of 14 medical men, 8 are Army officers; there are 114 enlisted personnel and 46 more are expected, which men are found quite congenial and sympathetic with the patients.

Question 25: Is best answered by the answer to question 23.

Question 26: May best be answered in the opening preamble to this report.

Question 27: We believe Palo Alto is well administered and well staffed and well equipped; this does not denote any let-down as to further installations of newer equipment, if, as and when such become available. For instance, there have been some recommendations in the past for prefrontal lobotomy; there are surgeons available, on a stand-by, and a fee basis, but there is no pressing need for such presently. Some 5,868 treatments have been rendered, including electric shock treatment and no untoward or deleterious effects have been noticed. As a matter of therapy, not as a matter of recreation in the habit training center, there is a definite desperate need for simple musical instruments. It seems that any cadence or rhythm that can strike a responsive chord in some of the extremely degenerated-brain cases, serves to catch and hold a glimmer, sometimes a beam of intelligence and keep them from becoming merely animated pieces of flesh. Also a generous supply of looms and material for weaving articles; also cement and material with which to build, also furniture and materials to scrape, sand, varnish and polish; also paper and equipment with which to print, all these have been gathered by these officers and personnel, sometimes on their own motion, and sometimes out of their own pocket, and sometimes as gifts from hospital committees from veteran and other organizations all with the objective of aiding these patients. Reading between the lines, it should not be misunderstood that the place could use, quite conveniently, quite a few more dollars in their next budget.

Respectfully submitted for transmittal to the commander in chief.

Yours in comradeship.

WILLIAM E. BARDEN,

State Director, Service and Rehabilitation, Veterans of Foreign Wars of  
the United States Department of California.

MAY 10, 1945.

R. R. McFALL,

Commander, Department of California,

Veterans of Foreign Wars of United States, Los Angeles 2, Calif.

DEAR COMRADE COMMANDER: On Thursday, April 26, 1945, pursuant to your directive under the commander in chief's order of March 21, 1945, your director of service and rehabilitation, accompanied by the senior service officer south, Glenn D. Hendrickson, made a tour of San Fernando Tuberculosis Hospital of the Veterans' Administration, and interviewed many patients and contact men of the Veterans' Administration and service officers of other veterans' organizations.

As a résumé of the complaints and distinguished from the specific categorical question, as suggested by the commander in chief, I recite these in the order in which they were given:

1. *The transportation.*—There is an archaic bus system, much complained of because of long hours intervening its arrival and the necessity of standing for the whole trip from the city out to the facility. There is not much complaint over the fare charged, for taxicab fare is some four or five times that of the bus.

2. *The telephone service.*—The telephone service presents a problem about which plenty of griping obtains. Very few of the patients, if any, have friends or relatives locally in San Fernando, and most all the calls outgoing are therefore toll calls, with comparatively little local service. As a charge for the installation of one phone, therefore the sum of \$15 per month seemed more than the traffic can bear, in that not enough nickel calls are made to absorb any appreciable amount of the \$15 charge.

3. *The charge for cashing checks.*—The charge for cashing checks is operated on a sliding scale, and from a nickel to 25 cents is charged by the canteen operator for this service. It is pointed out the the twenty-odd miles to town and back, with endorsed paper going down and coin of the realm coming back, presents a hazard and for which hazard the canteen operator has indicated a necessity for a bond to cover loss, or theft, or robbery. It is also pointed out that some 300 checks are picked up by the canteen operator and taken to town and cashed in one



transaction and then the money returned to the men. The canteen operator does not carry enough capital to cash them himself.

4. *The use of IAL men as orderlies and/or attendants.*—It does not tax the imagination to remember what is meant by goldbricking, and the soldier of today is probably as astute in this matter, as was the soldier of '98 or of '17. From conversations that were had with several of these IAL Army men, this seemed to be their philosophy: "We have been overseas in combat service and are physically disqualified for further battle. Why the hell should we, as old timers, be put to hustling bed pans and doing K. P. for a physical condition not brought about by our misconduct, and while we are not undergoing any punishment?" From this may be drawn the inference that maybe the use of IAL men, ex-combat area soldier, is not the happiest choice.

5. *Lack of entertainment.*—The men have no choice in the selection of station reception for radio programs, which condition seems to be quite oppressive to some.

6. *Allergy.*—There are some of the patients in the hospital who suffer from allergy and asthmatic conditions and for which, of course, medicine has not yet offered a great deal of relief. Some of the medical personnel, not very many, however, have at considerable cost both in time and in effort, arranged for specifics to aid these patients. This is done unofficially, since it seems no provision is made for immunization agents.

7. *Exercise.*—Despite some schools of thought that exercise in fibrous and arrested cases is of considerable aid to the patient, those who seek to indulge in such mild exercise, gardening, etc., fear doing so, in that experience indicates there will be visited upon such exercise, a left-handed ouster. This ouster is not a direct order to leave, but is couched in round-about language, attention or lack thereof, from which the patient feels compelled to leave.

8. *Complaints.*—Any complaint, whether it be low-grade griping or high-powered militant pointing out of matters deserving attention, are avoided by the patients for fear of a repercussion of their being ousted, as indicated in the immediate preceding topic.

9. *Maximum hospital benefits.*—This situation usually is a signal for the patient to remove himself or be removed from the hospital, and then returned at intervals for clinical or out-patient treatment. This runs the patient directly afoot of the 50 or 60 mile distance from the city to the hospital, which when viewed in the light of out no-gasoline status, makes for a further discomfort and imposes an ordeal on the veteran and is perhaps basis for the lack of out-patient treatment.

10. *Against medical advice.*—This is a very touchy subject, and there are as many reasons for an A. M. A. as there are personalities needing hospitalization. Particularly this applies to the young man recently separated from service who encounters a lack of sympathetic, country-doctor counsel at the receiving station. There is indicated a lack of frankness on the part of the doctors who, instead of sitting down with the man and pointing out the situation with frankness and clarity, treats him as though he were still a member of the military, or just another person, or put a number. Such a person as a receptionist cannot be taken from a list, wherein only names of the staff would appear, and yet, if the person were selected upon an appointment basis, not connected with stereotyped civil-service-list selection, the political-plum angle appears and those who are selected are not of such a desirable, sympathetic nature. It is not an oversight, nor is it with a desire to avoid stereotyped answers to stereotyped questions, with which I have set out the foregoing observations.

Question 1 can be answered by saying the patients feel up-to-the-minute medical treatment and hospital care is their want.

Question 2 assumes there having been previous reports, for which no knowledge is had by your Director.

Question 3. Our opinion is that San Fernando affords a better scale of treatment than State, county, or municipal institutions.

Question 4: Not having spoken to or inquired of the manager, I have no answer to questions 4, or 5, or 6.

Question 7: The doctors do participate in clinical meetings, symposiums, etc.

Question 8. There is no complaint as to the quantity, quality, and variety, and preparation of food, except in this respect: Those bedridden patients, whose several trays have to come from the kitchen, are heard to complain that oft-times the food is cold when it reaches them. This could be overcome



to a great extent by preheating the plates upon which the food is served, but the personnel, about which the paragraph 4 relates, do not like to burn their hands with hot plates; additionally, if there be dessert of chilled or frozen nature, its condition of course is depreciated by service of hot plates.

Question 9: There are no specific instances of abuses being directed to the patients, nor are they neglected, except in so far as the over-all picture of attendants, is concerned.

Question 10 has been answered in paragraph 5 about the radio.

Question 11: The canteen service seems satisfactory and the prices charged are not unreasonable, in fact, meet with OPA ceiling, and the men do not complain of being gouged.

Question 12. In a TB hospital, there is not a great deal in the line of medical equipment and clinical arrangements involved, for immediately upon there being noted any pathogenic or pathologic condition arising, or of a traumatic nature being suffered, that patient is forthwith transferred to the facility at West Los Angeles.

Questions 13 and 14: All the patients think in terms of the hospitalization being of too long a time, for the reason they have not been given a frank, heart-to-heart talk by the receiving doctors, as pointed out in paragraph numbered 10, above. However, it must also be remembered that the patient being sent to a TB hospital, has already been given quite a comprehensive and thorough examination, so his diagnosis and treatment are very much a cut-and-dried affair at his time of reception.

Question 15: The building and grounds are exceptionally clean and neat.

Question 16: By the lack of that cordiality related in paragraph 10, the morale of some of the patients is lower than we would deem adequate.

Question 17 was well discussed in question 1 above.

Question 18: We have very satisfactory and adequate contact service by the Veterans of Foreign Wars of the United States, in fact, there is a post, chartered and regularly meeting within the hospital, and to which post a high proportion of eligibles belong.

Question 19: From what I have gathered in our State and county and municipal hospitals, as to the ratio of full-time physicians and personnel to patients, viewed in a comparison with the hospital, there are more doctors per patient in the Veterans' Administration hospital, but there are fewer nurses per patient.

Question 20: We do not think the hospital too crowded, which obviates answer to question 22.

Question 21 can be found answered in paragraph 4 above, with the observation that when the IAL men lay down on the job and goldbrick, it is reflected in the attitude and the effort of civilian personnel.

Question 23 is one calling for a statistical calculated figure, of which no records are at hand.

Question 24 goes into a very deep thought, in that San Fernando is a tubercular hospital, and any compulsory assignment of personnel to an institution filled with TB patients poses a terrific mental hazard for fear of the physical hazards attendant upon association with such a disease.

Question 25 and 26 are both answered in paragraph 10 above.

Question 27: This poses a wide field of speculation, for there are so many other considerations, such as antipathy by the rank and file medical practitioners against Veterans' Administration hospitals, for fear of it being a "one more step" in the direction of socialized medicine. Without giving the Administration a coat of whitewash, for their derelictions have been and are many, I believe that San Fernando Hospital should be given every possible piece of medical equipment, and a campaign of recruitment of doctors be had, which doctors should respond in a sympathetic chord of understanding, that these are long-range, long-term patients, with whom a tremendous amount of patience, sympathy, and understanding is an absolute necessity; such a campaign of recruitment for the TB hospitals might well be the answer to the needs of these patients. By the converse, it is not stated that the doctors are brutal or calloused, but they cannot help but think in terms of the immediate, rather than a long-range, long-term program.

Respectfully submitted for transmittal to the commander in chief.

Yours in comradeship.

WILLIAM E. BARDEN,  
State Director, Service and Rehabilitation,  
Veterans of Foreign Wars of the United States,  
Department of California.

DEPARTMENT OF COLORADO,  
VETERANS OF FOREIGN WARS OF THE UNITED STATES,  
Denver, Colo., May 9, 1945.

JEAN A. BRUNNER,

*Commander in Chief, Veterans of Foreign Wars of the United States of America, New York 16, N. Y.*

DEAR CHIEF JEAN: In compliance with your orders of March 21, 1945, I visited the Veterans' Administration hospital located at Ft. Lyons, Colo., with the following results.

Accompanied by Department Service Officer Lloyd Grover and Department Commander Hicks of the Disabled Veterans, we arrived at the hospital at 12:45 p. m., and were conducted to the office of Colonel ShROUT, the manager. Colonel ShROUT was very cooperative, and in addition to answering all our questions he volunteered much additional information. He personally conducted us through about one-half of the hospital, and we entered every door that I saw. I do not think that a thing was hidden from us. We were then placed in charge of Major JACKSON, who conducted us through the remainder of the hospital. He was especially zealous in having us see everything. He took us to the wet-pack room where five men were in the packs. This treatment was explained to us, and none of these men were suffering. All of these men recognized the major and talked to him. In fact, we did not enter a ward that some patient did not come to him as a friend with some little thing to talk to him about. He took us through all the shops, and the library, and the same thing occurred. Even in the violent wards some of the patients recognized him and talked to him. There is no solitary confinement at this hospital. At 5:30 p. m. we were again turned over to Colonel ShROUT, who took us through all the laboratories and operating rooms. The doctors in charge of these departments explained everything to us. They have the best of modern equipment. We were then taken to the dairy and hog barns. These were also in excellent condition, and the colonel was very proud of them. We concluded the inspection at the athletic field, and found in addition to the regular equipment a lighted softball field where games are played between teams from the different wards. Many of our comrades from Las Animas Post, No. 2411, are employees at the hospital and in talking to them I received no complaints. I also talked to some of the soldiers stationed there and they told me that they had objected when they had first been sent there, now they were proud to be of service to their unfortunate "buddies."

The following are my comments on the questions submitted by you.

1. Answer. I received no general or special complaints on medical treatment or hospital care from patients. I was allowed to talk to them at will.

2. Answer. No cases had been previously reported to me.

3. Answer. I am very familiar with the standards and treatments at the Colorado State Hospital at Pueblo, and will say that they are comparatively about the same.

4. Answer. All officers at Fort Lyons feel that they have sufficient authority to operate the hospital.

5. Answer. The officers do not feel that they are unduly restricted.

6. Answer. There is sufficient authority to hire competent nurses and attendants, but due to the present labor shortage it is impossible.

7. Answer. The manager is encouraged, and supported in research work, but finds little time to engage in it. He holds one general doctors' conference each week which he feels is not sufficient, but is all the time that can be spared from actual care of the patients.

8. Answer. I found no complaint whatever on quantity or quality of the food.

9. Answer. I know of no cases of abuse, or neglect of patients.

10. Answer. To me the recreational facilities seem to be adequate.

11. Answer. The canteen has the local OPA ceiling prices posted in plain sight.

12. Answer. The medical equipment, and clinical arrangements are satisfactory.

13. Answer. Due to the nature of the hospital I believe the periods of hospitalization are proper.

14. Answer. I received no comments from patients regarding the length of time in receiving wards, or lapse of time before examination and starting of treatments.

15. Answer. Except where new construction is in progress I found the buildings and grounds in very good condition.

16. Answer. My observations lead me to believe that the discipline, and morale of the patients are as good as is possible in this type of hospital.

17. Answer. Transportation to and from the hospital is adequate.

18. Answer. A member of the VFW is the Veterans' Administration contact man, and is satisfactory. In addition to this we have many members employed in the hospital.

19. Answer. The following are the conditions at Fort Lyons Hospital:

Patients	1,020
Full-time doctors	9
Nurses (quota 33)	18
Civilian attendants	90
Enlisted men attendants	100

There is an order with the United States Employment Service, as yet unfilled, for 60 additional civilian attendants.

For comparison the following is the list of personnel of the Colorado Psychopathic Hospital, Denver, Colo.:

Patients	85
Full-time doctors	4
Interns	6
Medical students	4
Nurses	12
Student nurses (½ of quota)	24
Full-time attendants	14

20. Answer. It is a definite fact that the patients are too crowded. There is only a space of 18 inches between beds in a great many of the wards. The normal capacity of the hospital is said to be 879 beds. The number of patients is now 1,020, overloaded 16 percent.

21. Answer. The discipline, and morale of the personnel is good. I talked with both civilians, and soldiers, and received no complaints.

22. Answer. Increased building to the extent of a 162-bed capacity is now in progress. This is totally inadequate. At the present rate of influx, at least 1,000 additional beds will be needed before the war is over.

23. Answer. Colonel Shrout stated that the only patients leaving the hospital, except those discharged as cured, were a very few who are released to relatives who are considered qualified to properly care for them at home.

24. Answer. I am definitely against the use of Wacs in an institution of this type.

25. Answer. No patients without dependents leave this hospital due to the reduction of their pension while being hospitalized.

26. Answer. No complaints were made to me by patients regarding lack of information given them as to their physical condition or advice as to future treatment upon being discharged.

27. Answer. My recommendations would be, that the personnel be brought up to standard, and kept there as additional patients are brought in. That new quarters be built to accommodate the heavy overload and the anticipated new influx.

According to figures submitted by Colonel Shrout the entire cost per day, per patient is \$2.50.

The same cost at the Colorado Psychopathic Hospital is \$5.75.

Hoping that this report will give you the desired information as to the operation of the Fort Lyons hospital, I remain;

Yours in comradeship,

RAY E. WISEMAN, *Commander.*

LIST OF QUESTIONS TO BE ANSWERED IN NUMERICAL ORDER AS TO EACH HOSPITAL

(Copies in triplicate furnished the commander in chief)

Name of hospital: Veterans' Administration facility.

Address: Newington, Conn.

1. Question. Are there any general or specific complaints on the medical treatment and hospital care received by the patients? If so, please describe briefly.



Answer: Too much delay in receiving wards and insufficient medical service available in this department. Need for additional medical staff in this ward. No other serious complaints.

2. Question. Has remedial action been taken by the Veterans' Administration in these cases or others which may have been previously reported?

Answer. I learn that this matter is a problem recognized by this facility.

3. Question. What is your opinion of the relative standards of treatment in the veterans' hospitals as compared to the State, county, and municipal institutions in the same area?

Answer. The Newington Facility is outstanding among all Veterans' Administration hospitals but would benefit if national system of hospital staff development were changed.

4. Question. Do the manager, chief medical officer, and/or clinical director feel they have sufficient authority to run the hospital as efficiently as they might desire?

Answer. Yes. They obviously have no authority to make changes not consistent with central policy.

5. Question. Do they feel that there are undue restrictions and regulations under which they must function? If so, kindly specify in what way.

Answer. No. In connection with what "they feel" I suggested that facts can hardly be secured by their own commitments which would be of real value. They are not in a position to criticize the system.

6. Question. Do they feel they have sufficient authority and latitude to employ competent doctors, nurses, and attendants?

Answer. Out-patient fees are too small to attract the best in many instances. They do not choose doctors without restriction of course.

7. Question. Do they have encouragement and support in research, in participating in clinical meetings, symposiums, medical lecture courses, etc.?

Answer. The manager is doing a splendid work in this respect so far as the system permits.

8. Question. What definite complaints, if any, are there as to the quality, quantity, variety, and preparation of food in the veterans' hospitals?

Answer. Food has always been excellent and plenty of it.

9. Question. Have there been or are there any specific cases of alleged abuse or neglect of patients?

Answer. Have investigated a number and find none serious. Those founded on fact are minor and were corrected at once.

10. Question. Are the recreational facilities adequate?

Answer. Reasonably so in view of increasing demand for bed space.

11. Question. Is the canteen service satisfactory, and are the prices charged veterans reasonable? If not, please describe.

Answer. Yes.

12. Question. Are the medical equipment and clinical arrangements satisfactory?

Answer. Surgery is obsolete and to be replaced. Clinical arrangements good.

13. Question. Are the periods of hospitalization proper? Too long? Too brief?

Answer. Unable to find any justifiable complaint except in receiving ward where the problem is not one of complaint against any person.

14. Question. Do patients feel they are required to remain in receiving wards too long before complete examinations and treatment are started?

Answer. Yes.

15. Question. How about cleanliness and neatness in the buildings and on the grounds?

Answer. Up to the usual standards in spite of lack of help.

16. Question. Is it felt that the discipline and morale of the patients are satisfactory?

Answer. Very much so. Fine spirit prevails except for few chronic kickers.

17. Question. Are the transportation facilities to and from the hospital adequate?

Answer. Poor from New Britain (4 miles), good from Hartford (6 miles).

18. Question. Is the contact service considered satisfactory and adequate by the VFW?

Answer. Not entirely adequate, but being developed intelligently and by plan.

19. Question. How does the ratio of patients to full-time physicians and surgeons, nurses, and attendants in the veterans' hospital compare to that in State, county, and municipal institutions?

Answer. Twenty doctors and three hundred and forty-two patients, May 3.

20. Question. Are the patients too crowded? Is there sufficient floor space per patient?

Answer. Good executive planning by manager has made increases in the original 350-bed capacity without any serious crowding.

21. Question. How do they find the discipline and morale of the hospital personnel? What are their complaints, if any?

Answer. Condition seems to be very good.

22. Question. What is your recommendation as to type and number of additional beds that may be required for the new load?

Answer. Our organization regards the Veterans' Administration as very tardy in breaking ground and in planning. At the 0.005 percentile of men in service from Connecticut in World War I, 350 beds; same figure to World War II produces 1,000. Percentile is low for this war. Present space, comment later, *infra*.

23. Question. What percentage of the patients are leaving the hospital against medical advice? Why?

Answer. Very few. Chief complaint is based on too much time in examination period; others become "restless."

24. Question. Could better personal care be furnished with staff-aide program of Wacs trained in hospital routine, thus relieving nurses for more important duties?

Answer. Probably so generally. Nurse problem seems to be met very well by the Newington management.

25. Question. What percentage of patients without dependents leave the hospitals against medical advice due to the reduction in pension while being hospitalized?

Answer. Considerable objection is expressed to reduce compensation on re-examination post discharge. Cannot establish the percentage or the fact.

26. Question. Are there any complaints on the part of the patients regarding the lack of information given them as to their physical condition and advice as to future treatment upon being discharged from the hospital?

Answer. No.

27. Question. What general or specific recommendations would you offer as to the medical treatment and hospital care of veterans in Veterans' Administration facilities?

Answer. Overhauling of general administrative policy to provide for more careful choice of doctors and sufficient rate of pay to attract high-type men generally; collaboration with other hospital staffs, clinics, and policies for continued development of those in the Veterans' Administration service.

By way of a general statement, let me say that I believe that the Newington facility has been the finest in the United States since its early organization. The service idea has predominated its entire work, and service has been given intelligently, with dignity, and without discrimination. The present manager is doing a splendid job carrying that policy along. I think there is room for improvement, but believe that the problems of the Veterans' Administration facilities are the result of the outgrown national policies in some instances and due to unwise appointment to high administrative positions in others. This is not any personal reflection upon any official from the top down, but I am satisfied as a layman that the Veterans' Administration is somewhat in a national rut, unaware of it, and that available means of improving professional personnel generally and keep that personnel abreast of general scientific development should be worked out. The same difficulty applies to orderly service. Insufficient remuneration does not attract the best type of persons for this work.

By way of the later comment concerning space at Newington, our organization is concerned at the tardiness in commitments for expansion. For 70,000 men in service from Connecticut in 1918, 350 beds were provided. We have approximately 200,000 in service now. There are still World War I and Spanish-American War veterans entitled to service. There are no Army or Navy hospitals in Connecticut, and we want Connecticut men in Connecticut's hospital. They also prefer it for reason of its excellence. Increased recovery from wounds and oriental and other new ailments indicate an increased load.

The removal of the administrative division from Newington is in accord with the resolution of this department in January 1944. That and the new addition will bring the normal capacity to 712. It is regrettable that failure to build earlier has made it necessary to remove the administrative offices. Our resolu-

tion for such action was based upon the need for beds which the Veterans' Administration planned to meet by use of out-of-State facilities. Removal was made necessary.

In the opinion of all whom I have met who are at all advised of conditions at Newington, Manager Myer Schwolsky is highly competent, is doing an excellent job under difficulties, and I believe that if the general standard of professional service could be equally high and kept abreast of the times, there would be no sound cause for complaint.

This is a personal survey. I have inquired without placing the department service officer or any other person in a position which might embarrass him. I have not consulted the Legion, as it has not been too cooperative in such matters, and the DAV likewise follows a separatist policy at present.

If other information becomes available from inquiries yet unanswered I will forward the consensus of any which alter the above in any material respect.

C. A. RICHARDSON,  
*Department Commander, Department of Connecticut.*

VETERANS OF FOREIGN WARS OF THE UNITED STATES,  
DEPARTMENT OF THE DISTRICT OF COLUMBIA,  
*Washington, D. C., May 26, 1945.*

• REPORT OF SURVEY AT MOUNT ALTO HOSPITAL

A survey was made during April and May of this year for the purpose of ascertaining any difficulties which might arise or have arisen in the past as to the treatment of patients. The report may well be divided into five sections, as follows:

1. Construction.
2. Personnel.
3. Supplies.
4. Equipment.
5. Treatment of patients.

1. *Construction.*—Construction of Mount Alto does not lend itself to any expansion. The general outlay being widespread, makes it somewhat difficult for the handling of meals and the taking of patients to the treatment rooms which are located in the basement.

As I understand, the building was set up originally for a diagnostic center, but due to the fact that many men are being discharged from the Army this hospital has been turned more or less into a general hospital. Its present service can only be considered as temporary to take care of the present influx of patients. A suggestion as to improvement for better service from the dietetics point of view would be to install small diet kitchens on the floor of each ward. This would permit hot meals being served at all times.

The main kitchen is constructed at quite a distance from the wards, which makes it somewhat difficult for the handling of diets. Equipment is satisfactory; some replacements are being made in the ice chambers and storage rooms, which necessitates the use of large blocks of ice for the preservation of food-stuffs. This condition is rapidly being remedied.

The mess hall located over the kitchen is also adequate as to equipment, and the whole set-up is kept in an excellent condition, waitress service being rendered to the patients who eat in the mess hall. Careful attention is given by the chief dietitian to all forms of diets. This branch of the hospital welcomes any suggestion which may act as an aid in the improvement of its service in an efficient manner; however none seem necessary.

2. *Personnel.*—There is a definite lack in number of personnel, especially wardmen. I understand that corpsmen have been drafted from the Army as aides for the lack of general corpsmen personnel. The work seems to be going along in a fairly satisfactory manner, and the wards appear to be clean at all times. This phase is particularly difficult due to the fact that the majority of the patients are bedridden or confined to the wards. The corpsmen have difficulty in handling the food question due to the fact that the diet kitchens are on the first floor and meals must be carried two flights of stairs to a great many patients. As a remedy for this situation it is suggested and recommended that additional help be employed for the sole purpose of handling meals.



The attitude of the personnel toward the patients seems to be one of a friendly nature and everything possible is done by them to make the patients comfortable.

3. *Supplies.*—Under the present existing conditions, it is somewhat difficult to obtain the necessary supplies for the welfare of the patients, but Colonel Beardsley, in charge of the hospital, is leaving nothing undone in order to get the most urgent supplies required, so no complaint can be entered here.

4. *Equipment.*—Dr. Beardsley informed me that the equipment they have is not all to be desired, but that he is willing to make the best of an unfortunate situation due to the requirements in the different active war areas if it will help out the situation there. He feels that with the present equipment he can carry on and perform the necessary duties which are called for in the treatment of the patients. So I feel under these conditions no complaint can be made.

There is one factor, however, which should be looked into and remedied, if possible: That is the present lack of beds. This matter has already been taken up with General Hines.

5. *Patients.*—Every opportunity possible was given the patients of every ward to make any complaints about their treatment or suggestions for improving conditions. The main objections were in wards A and B—the lack of hot meals on occasions. I have been advised that this condition is being improved rapidly.

I personally visited every ward and talked with the patients, and without one exception the general opinion was that the hospital was rendering valuable service, and every effort possible was being made for the welfare of the patients.

In the cancer ward the patients were more or less in advanced stages of the disease, and when talking with the chief nurse I learned that everything possible was being done for their comfort.

*Out-patients.*—Upon surveying the out-patient department it was found that the staff is inadequate for the load that is now coming in. Sufficient time for proper examinations is almost out of the question. As an example I should like to state specific conditions such as heart trouble—a 10-minute cursory examination means nothing, and that is about all the time which can be allotted.

If the man is advised and referred to the hospital as an inmate, a long period of time of waiting may be necessary. Here again we have an example of a dire need for additional beds.

It was also noted that the personnel are underpaid for the duties they have to perform, especially the department of prosthetics. Recommendations have been made for an increase of salary and for reclassification, but to date nothing has been done about the matter.

The physiotherapy department appears to be quite well equipped, but additional help could be used there, also.

#### GENERAL SUMMARY

No complaints were offered as to medical treatment. The standard of treatment in the veterans' hospitals might be rated as higher than those of State, county, or municipal institutions in this area. The manager feels that he has sufficient authority to run the hospital in an efficient manner. The employment of competent doctors and nurses is rather difficult due to the fact that so many are now in the armed forces.

Probably the most difficult branch to staff at the present time is the neuropsychiatric as there are very few doctors properly equipped to handle this phase, and the short period of instruction which is given by the veterans' facilities is far from adequate to make a man efficient in this type of work, and, again, it is difficult to find men who are really sympathetic and understanding capable of handling this branch of medicine.

It would be suggested that longer periods of training be given and more care be taken in the selection of medical men to undertake this work.

No cases of alleged abuse or neglect of patients were found.

Recreational facilities are those given by the Red Cross, but there is no occupational therapy, and I would recommend that such a set-up be installed.

Canteen services appear to be satisfactory and prices within reason.

Hospitalization periods appear to be normal with the exception of a few types of cases. Patients are not required to remain in the receiving department for an undue length of time.

Buildings and grounds are clean.

Morale of patients appears to be satisfactory with the exception of a few cases in the neuropsychiatric ward, but this is to be expected as dissatisfaction is, many times, part of the patient's condition.

Transportation facilities are adequate.

Contact service could be given closer consideration by the VFW.

The morale of the hospital personnel seems good, but in cases mentioned before, increase of salaries are deserving.

Additional beds have been requested, but a new hospital is essential.

The percentage of patients leaving the hospital against medical advice is very low. It is impossible to say, though, whether this is due to the cut in compensation. Some patients become restless due perhaps to outside conditions in their homes or places of employment.

Few complaints were made by the patients regarding lack of information as to their physical condition. It is not the policy of the medical profession to go too much into detail regarding a patient's condition for two reasons:

1. The patient would find it difficult to grasp just what the doctor might be driving at;

2. Psychoneurotic cases are apt to become alarmed if told too definitely of their condition, and it would prey on their mind, aggravating rather than alleviating their trouble.

My general recommendation is to have a larger hospital erected in the neighborhood of the Medical Center, Bethesda, Md., at an early date, and that all patients requiring long terms of hospitalization be placed there, and that Mount Alto Hospital be used solely for its main purpose—that of a diagnostic center.

It is true that Fort Washington is being turned over as a hospital, but this could only be used for convalescent patients.

It is with pleasure that I can give Mount Alto Hospital a clean slate and state that everything is being done for the welfare and comfort of the patients.

Respectfully,

L. H. NEVILLE-THOMPSON.

#### LIST OF QUESTIONS AS TO EACH HOSPITAL TO BE ANSWERED IN NUMERICAL ORDER

(Copies in triplicate furnished the commander in chief)

Name of hospital: Veterans' Administration facility.

Address: Bay Pines, Fla.

1. Question. Are there any general or specific complaints on the medical treatment and hospital care received by the patients? If so, please describe briefly.

Answer. Yes. Patients are being ordered to go to mess halls for meals who are not physically able to walk 30 feet. Some doctors are insolent to patients.

2. Question. Has remedial action been taken by the Veterans' Administration in these cases or others which may have been previously reported?

Answer. No. Only when VFW pressure was brought to bear on specific cases.

3. Question. What is your opinion of the relative standards of treatment in the veterans' hospitals as compared to the State, county, and municipal institutions in the same area?

Answer. Surgical; eye, ear, nose, and throat, and heart specialists, are on a par. General medical treatment does not measure up.

4. Question. Do the manager, chief medical officer and/or clinical director feel they have sufficient authority to run the hospital as efficiently as they might desire?

Answer. No. Because he has been recommending new improvements and asking for new equipment but central office does nothing about it.

5. Question. Do they feel that there are undue restrictions and regulations under which they must function? If so, kindly specify in what way.

Answer. Yes. But does not want to be quoted. Truth is, too much red tape in the central office..

6. Question. Do they feel they have sufficient authority and latitude to employ competent doctors, nurses, and attendants?

Answer. No. All they can do is ask the central office for competent doctors, then take what they get.

7. Question. Do they have encouragement and support in research, in participating in clinical meetings, symposiums, medical lecture courses, etc.?

Answer. No. Very little, if any. Some take outside courses at own expense.

8. Question. What definite complaints, if any, are there as to the quality, quantity, variety, and preparation of food in the veterans' hospitals?

Answer. None, except in isolated cases of patients who are on special diets.

9. Question. Have there been or are there any specific cases of alleged abuse or neglect of patients?

Answer. Yes. Affidavits can be furnished.

10. Question. Are the recreational facilities adequate?

Answer. No.

11. Question. Is the canteen service satisfactory, and are the prices charged veterans reasonable? If not, please describe.

Answer. Yes.

12. Question. Are the medical equipment and clinical arrangements satisfactory?

Answer. Yes. Considering wartime conditions.

13. Question. Are the periods of hospitalization proper? Too long? Too brief?

Answer. Yes. In a majority of cases, but many are not.

14. Question. Do patients feel they are required to remain in receiving wards too long before complete examinations and treatment are started?

Answer. In some cases, Yes.

15. Question. How about cleanliness and neatness in the buildings and on the grounds?

Answer. Interior painting badly needed, otherwise they are O. K.

16. Question. Is it felt that the discipline and morale of the patients are satisfactory?

Answer. Generally yes. Many cases have justifiable complaints.

17. Question. Are the transportation facilities to and from the hospital adequate?

Answer. Yes.

18. Question. Is the contact service considered satisfactory and adequate by the Veterans of Foreign Wars?

Answer. Up until a months ago, no; now, yes.

19. Question. How does the ratio of patients to full-time physicians and surgeons, nurses, and attendants in the veterans' hospital compare to that in State, county, and municipal institutions?

Answer. There is a shortage of good doctors and nurses.

20. Are the patients too crowded?

Answer. No.

Question. Is there sufficient floor space per patient?

Answer. Yes.

21. Question. How do they find the discipline and morale of the hospital personnel? What are their complaints, if any?

Answer. All are afraid to talk, while employed. Several stated they would make affidavits after they resigned.

22. Question. What is your recommendation as to type and number of additional beds that may be required for the new load?

Answer. Five hundred for men; one hundred for women.

23. Question. What percentage of the patients are leaving the hospital against medical advice? Why?

Answer. About 9 percent. Six percent of these leave because they are not showing improvement. 3 percent because of personal and business reasons.

24. Question. Could better personal care be furnished with staff-aide program of WACs trained in hospital routine, thus relieving nurses for more important duties?

Answer. Yes.

25. Question. What percentage of patients without dependents leave the hospitals against medical advice due to the reduction in pension while being hospitalized?

Answer. About 5 percent. And about 20 percent of those who could, refuse to enter the hospital for treatment, knowing their families will suffer.

26. Question. Are there any complaints on the part of the patients regarding the lack of information given them as to their physical condition and advice as to future treatment upon being discharged from the hospital?

Answer. Yes; in certain types of cases.

27. Question. What general or specific recommendations would you offer as to the medical treatment and hospital care of veterans in Veterans' Administration facilities?

Answer. Change the present ratio, and employ at least 50 percent gentile doctors. Install occupational therapy in a big way, at this hospital. Have survey made of all needed equipment, and secure it from Army warehouses where it is now stored.

EMERSON A. LEE,  
Department Commander.  
A. S. DOUGLASS,

Adjutant, Department of Florida, Veterans of Foreign Wars.



## LIST OF QUESTIONS TO BE ANSWERED IN NUMERICAL ORDER AS TO EACH HOSPITAL

(Copies in triplicate furnished the commander in chief)

Name of hospital: Veterans' Administration facility.

Address: Lake City, Fla.

1. Question. Are there any general or specific complaints on the medical treatment and hospital care received by the patients? If so, please describe briefly.

Answer. Yes; many complaints have been made against the chief clinical director, Dr. Byrd and also Dr. Arnold, which are too numerous to cover in this report.

2. Question. Has remedial action been taken by the Veterans' Administration in these cases or others which may have been previously reported?

Answer. Absolutely no. Requests have been made repeatedly for the transfer of these two doctors. Dr. Von Dahm, manager of this hospital has made no effort to follow through.

3. Question. What is your opinion of the relative standards of treatment in the veterans' hospitals as compared to the State, county, and municipal institutions in the same area?

Answer. This hospital is almost equal to the average municipal or county hospital.

4. Question. Do the manager, chief medical officer, and/or clinical director feel they have sufficient authority to run the hospital as efficiently as they might desire?

Answer. Yes. They have too much authority for the good of many veterans.

5. Question. Do they feel that there are undue restrictions and regulations under which they must function? If so, kindly specify in what way.

Answer. No.

6. Question. Do they feel they have sufficient authority and latitude to employ competent doctors, nurses, and attendants?

Answer. They say yes. Yet they admit that they can request only certain specialized doctors and nurses and then take what the central office sends them.

7. Question. Do they have encouragement and support in research, in participating in clinical meetings, symposiums, medical lecture courses, and so forth?

Answer. With the patient load at this hospital averaging only 60 percent of its capacity they certainly have the time, yet little is being done in this respect.

8. Question. What definite complaints, if any, are there as to the quality, quantity, variety, and preparation of food in the veterans' hospitals?

Answer. None.

9. Question. Have there been or are there any specific cases of alleged abuse or neglect of patients?

Answer. Yes; but the veteran will not talk while he is a patient there. Affidavits are being secured after they leave the hospital.

10. Question. Are the recreational facilities adequate?

Answer. Emphatically no.

11. Question. Is the canteen service satisfactory, and are the prices charged veterans reasonable? If no, please describe.

Answer. Prices charged have never been checked by the OPA. Canteen not too clean.

12. Question. Are the medical equipment and clinical arrangements satisfactory?

Answer. No. Only one patched oxygen tent available. Much equipment needed.

13. Question. Are the periods of hospitalization proper? Too long? Too brief?

Answer. Many complaints that chief clinical director has ordered ward surgeons to discharge men when they should have been kept in hospital.

14. Question. Do patients feel they are required to remain in receiving wards too long before complete examinations and treatment are started?

Answer. In only a few cases.

15. Question. How about cleanliness and neatness in the buildings and on the grounds?

Answer. All buildings at this hospital are badly in need of interior and exterior painting; otherwise they are o. k.

16. Question. Is it felt that the discipline and morale of the patients are satisfactory?

Answer. General speaking, yes.

17. Question. Are the transportation facilities to and from the hospital adequate?

Answer. Yes.

18. Question. Is the contact service considered satisfactory and adequate by the Veterans of Foreign Wars?

Answer. Yes.

19. Question. How does the ratio of patients to full-time physicians and surgeons, nurses, and attendants in the veterans' hospital compare to that in State, county, and municipal institutions?

Answer. Exceeds at the present time but will only be about equal if this hospital were operating at full capacity.

20. Question. Are the patients too crowded? Is there sufficient floor space per patient?

Answer. No. Many more patients are needed.

21. Question. How do they find the discipline and morale of the hospital personnel? What are their complaints, if any?

Answer. Good.

22. Question. What is your recommendation as to type and number of additional beds that may be required for the new load?

Answer. This hospital could carry a 15 percent overload. There are many reasons why the Veterans of Foreign Wars recommend this be made an all Negro veteran hospital.

23. Question. What percentage of the patients are leaving the hospital against medical advice? Why?

Answer. About 9 percent. Six percent of these leave through fear of receiving the wrong treatment or none. Three percent for personal and business reasons. Thirty percent avoid this hospital entirely.

24. Question. Could better personal care be furnished with staff-aide program of WAC's trained in hospital routine, thus saving and relieving nurses for more important duties?

Answer. No. Not needed.

25. Question. What percentage of patients without dependents leave the hospital against medical advice due to the reduction in pension while being hospitalized?

Answer. About 6 percent. Many refuse to enter because their families will suffer from the reduction in their pension.

26. Question. Are there any complaints on the part of the patients regarding the lack of information given them as to their physical condition and advice as to future treatment upon being discharged from the hospital?

Answer. Yes. There are many. The reason being that clinical director does not give sufficient cooperation to the medical personnel.

27. Question. What general or specific recommendations would you offer as to the medical treatment and hospital care of veterans in Veterans' Administration facilities?

Answer. Build roof over walkway from hospital buildings to mess hall. Build new fireproof dormitory for nurses at hospital. Junk the one ambulance at hospital and get two new ones. Make occupational therapy a must at this hospital.

EMERSON A. LEE,  
Department Commander.  
A. S. DOUGLASS,

*Adjutant, Department of Florida, Veterans of Foreign Wars.*

VETERANS OF FOREIGN WARS OF THE UNITED STATES,  
*Athens, Ga., May 11, 1945.*

Capt. JEAN A. BRUNNER,

*Commander in Chief, Veterans of Foreign Wars,*

*Care Casey M. Jones, National Service Officer, Washington, D. C.*

DEAR COMRADE BRUNNER: Pursuant to your request of March 21, we have completed the surveys of the two Veterans' Administration hospitals in this State, i. e., Hospital 62, at Augusta, and Hospital 48, at Atlanta.

Detailed reports are enclosed herewith in triplicate as to each institution, and we enclose two counterparts of this letter.

We made these inspections as expeditiously as possible with allowance for other pressing engagements.

We improvised somewhat the form of catechism forwarded with your letter because we desired to incorporate some additional categorical data.

Both of the institutions are well managed in the light of existing conditions.

The large number of doctors in both institutions who are commissioned in the Army has to some extent depressed the morale of the medical staffs. The factors which influence this situation are twofold:

(1) Requisitions for additional medical personnel when filled by the Army result in some instances in "unloading" on the Veterans' Administration the least desirable rather than the most desirable doctors.

(2) In some cases where military doctors are sent to these civilian institutions the latter feel to a certain degree that they have been swindled, because their human reaction is usually, "I gave up my private practice and accepted a military commission out of a patriotic urge to serve in the armed forces, and here I find myself divorced from the armed forces and doing work in a civilian hospital at a captain's pay (for example), where I am doomed to remain in this dubious status for the duration of the war plus 6 months."

In both institutions, however, we believe that the ministrations are conducted in a spirit of sympathetic devotion to duty on the part of all employees from the highest to the lowest levels.

As to increasing the bed capacity of both institutions, we believe that the mental hospital at Augusta (No. 62) will require 500 additional beds within the next 12 months, and the general hospital at Atlanta (No. 48) should be expanded to accommodate not less than 1,000 additional patients within the same period.

We devoted considerable time to both institutions and attempted to make our investigation as thorough as possible.

We interviewed doctors, nurses, patients, attendants, orderlies, dietitians, technicians, and others in each, including members of the recreational staffs.

We listened to a few complaints and investigated some of them. In all instances, however, we found either that the grievances were groundless or that appropriate remedial steps had been taken.

The need in both cases is vastly more bed accommodations and additional personnel to fill acute manpower shortages. At present all professional people on the staffs put in many daily hours of overtime.

Yours in comradeship,

MAYO C. BUCKLEY,

*Department Commander.*

BASIL STOCKBRIDGE,

*Department Judge Advocate and Member,  
National Rehabilitation Committee.*

#### GEORGIA (2 HOSPITALS)

Augusta Facility, Augusta: Neuropsychiatric hospital, 1,253 beds.

Complaints: Overcrowded and understaffed.

Recommendations: 500 new beds immediately.

Atlanta Facility, Atlanta: General hospital, 415 beds.

Complaints: Overcrowded and understaffed.

Recommendations: 1,000 new beds immediately.

Remarks: These hospitals are given a good bill of health.

#### LIST OF QUESTIONS TO BE ANSWERED IN NUMERICAL ORDER AS TO EACH HOSPITAL

(Copies in triplicate furnished the commander in chief)

1. Question. Type of hospital?

Answer. Neuropsychiatric hospital (used as general hospital in case of emergency).

2. Question. Located at?

Answer. Augusta, Ga.

3. Question. Official designation?

Answer. Veterans' Administration Facility No. 62.

4. Question. Name of chief officer?

Answer. Dr. Henry O. Witten.

5. Question. Is he medical man or layman?

Answer. Medical.

6. Question. Name of clinical director?

Answer. Lt. Col. C. R. Walton, Medical Corps, United States Army.



7. Question. Name of chief nurse?

Answer. Miss Mary Rufnach.

8. Question. Name of chief attendant?

Answer. George Kennedy.

9. Question. Number of doctors?

Answer. Fourteen, including one dentist.

10. Question. Number of attendants?

Answer. Two hundred and thirty-eight; 168 civil service and 70 Army Medical Corps limited service men.

11. Question. Number of nurses?

Answer. Forty.

12. Question. Total bed capacity in 1940 and in 1945?

Answer. One thousand and sixty-one in 1940; 1,417 at beginning of year 1945, 1,600 at present.

13. Question. Number of patients at present?

Answer. One thousand one hundred and seventy-four, of which number 320 are from World War II.

14. Question. Number of patients per nurse?

Answer. Twenty-nine.

15. Question. Number of patients per attendant?

Answer. 4.9.

16. Question. Number of consultants?

Answer. One daytime consultant. Six available at all times and one emergency consultant dentist.

17. Question. Are consultants available for emergencies?

Answer. Yes.

18. Question. Are there any general or specific complaints on the medical treatment and hospital care received by the patients? If so, please describe briefly.

Answer. Only those complaints which are naturally typical of a mental hospital.

19. Question. Has remedial action been taken by the Veterans' Administration in these cases or others which may have been previously reported?

Answer. Yes.

20. Question. What is your opinion of the relative standards of treatment in the veterans' hospitals as compared to the State, county, and municipal institutions in the same area?

Answer. Very much superior. Sanitation standards and cleanliness, and absence of usual "hospital odors" are notable.

21. Question. Do the manager, chief medical officer, and/or clinical director feel they have sufficient authority to run the hospital as efficiently as they might desire?

Answer. The officials of the hospital are handicapped by the complicated governmental procedures and other elements of "red tape" which are characteristic of all similar governmental operations.

22. Question. Do they feel that there are undue restrictions and regulations under which they must function? If so kindly specify in what way?

Answer. See above.

23. Question. Do they feel they have sufficient authority and latitude to employ competent doctors, nurses, and attendants?

Answer. They do not possess sufficient authority to employ additional doctors and nurses, except after tedious correspondence with superiors at central office. They can employ emergency attendants to take care of unusual loads, and then have such attendants properly certified later under the civil-service requirements.

24. Question. Do they have encouragement and support in research, in participating in clinical meetings, symposiums, medical lecture courses, etc.?

Answer. Professional members of the staff are encouraged to participate in all societies, local and national medical associations, etc. They likewise have access to all up-to-date professional and technical magazines and periodicals and have every opportunity to develop and perfect their techniques. They have an exceedingly well supplied medical library, and new treatises are promptly made available on proper requisition.

25. Question. What definite complaints, if any, are there as to the quality, quantity, variety, and preparation of food in the veterans' hospitals?

Answer. Preparation of food is unusually well handled. Dining rooms and kitchens, both for the general messing of patients and the small unit kitchens on

locked wards, are models of cleanliness, compactness, and efficiency. The cost of raw food at the present time is 43 cents per patient per day. Application has been made to increase this allowance to 50 cents per patient per day. The average daily cost of maintenance of each patient is \$2.54.

A specimen sheet showing the menus for the week beginning April 23, 1945, is attached. This includes good variety and best standard of wholesome diet.

26. Question. Have there been or are there any specific cases of alleged abuse or neglect of patients?

Answer. Yes. An attendant is now under suspension for having struck a patient under severe provocation and bodily harm inflicted by such patient.

27. Question. Are the recreational facilities adequate?

Answer. Recreational facilities are exceedingly liberal. There is no indoor gymnasium, but recreation hall is cleared of chairs and used for badminton and other indoor competitions on several afternoons each week. Pocket billiard tables are provided free; there are several good tennis courts; one baseball diamond, suited either to general baseball or softball, and a nine-hole golf course. Baseball equipment, uniforms, etc., are provided and competition between wards is encouraged and supervised.

There is a well equipped tile swimming pool in the basement of one of the wards and patients are permitted to swim under supervision of an attendant.

There is a well chosen library of 7,000 volumes of standard works of fiction, biographies, histories, etc. High-class magazines and newspapers are available, including several dailies from New York, Washington, Atlanta, and other leading cities.

Books are delivered on wards under auspices of the librarian and every opportunity is given to patients to utilize the facilities of the library.

On several nights each week a study club, devoted to current topics, is held in the basement of the recreation hall, conducted entirely under the auspices and leadership of patients.

28. Question. Is the canteen service satisfactory, and are the prices charged veterans reasonable? If not, please describe.

Answer. Canteen service is satisfactory, but handicapped on account of inability to obtain sufficient supplies. No "profiteering" was in evidence. Cigarettes are sold at 13 cents per pack as contrasted with the usual price of 20 cents in the community.

On frequent occasions there is no Coca-Cola or other popular brands of soft drinks available, and the reason for this shortage is attributed by local authorities to the fact that the central office has made no proper demand upon the Office of Price Administration to have the canteen at this facility given the necessary priority.

29. Question. Are the medical equipment and clinical arrangements satisfactory?

Answer. Yes.

30. Question. Are the periods of hospitalization proper? Too long? Too brief?

Answer. Officials believe that the periods of hospitalization are too brief. Too many patients are released on the demand of relatives against medical advice. There was one successful habeas corpus proceeding in 1944.

31. Question. Do patients feel they are required to remain in receiving wards too long before complete examinations and treatment are started?

Answer. No.

32. Question. How about cleanliness and neatness in the buildings and on the grounds?

Answer. Both are above criticism.

33. Question. Is it felt that the discipline and morale of the patients are satisfactory?

Answer. Discipline is administered with sympathetic consideration, and morale of patients is as high as could be expected under the disturbed mental condition of most of the patients.

34. Question. Are the transportation facilities to and from the hospital adequate?

Answer. Yes. There is a regular bus stop within two blocks of entrance and exit gates. Bus fare is 7 cents.

35. Question. Is the contact service considered satisfactory and adequate by the VFW?

Answer. Yes. There is a full-time contact representative and a full-time secretary always on duty during business hours.

36. Question. How does the ratio of patients to full-time physicians and surgeons, nurses, and attendants in the veterans' hospital compare to that in State, county, and municipal institutions?

Answer. The ratio is higher than in similar public institutions.

37. Question. Are the patients too crowded? Is there sufficient floor space per patient?

Answer. Patients are not overcrowded. A new building, with facilities for 172 beds, has just been opened. There has, however, been some encroachment by the expansion of bed facility into the space normally devoted to "day room and recreation."

38. Question. How do they find the discipline and morale of the hospital personnel? What are their complaints, if any?

Answer. We uncovered no complaints against the hospital authorities. Relations between superiors and subordinates appear to be friendly and agreeable.

39. Question. What is your recommendation as to type and number of additional beds that may be required for the new load?

Answer. There will have to be several additional ward buildings and provision for at least 500 new beds within the next 12 months. There is sufficient ground space to take care of this enlargement. The area is computed on 199.2 acres, with a farm of 122.11 acres from which the fresh vegetables and other subsistence for the hospital is derived. This farm is operated under skilled attendants, technically equipped for agricultural guidance, and a regular detail of patients from those who enjoy outdoor farming is conducted to the farm every morning and returned to the hospital enclosure each evening.

40. Question. What percentage of the patients are leaving the hospital against medical advice? Why?

Answer. In 1944, 263 patients were discharged in opposition to medical advice. The average inmate population in 1944 was 1,070.

41. Question. Could better personal care be furnished with staff aide program of WAC's trained in hospital routine, thus relieving nurses for more important duties?

Answer. Yes. Considerable routine work now performed by doctors, nurses, and technicians could well be performed by staff aides from the WAC and similar feminine groups of the armed forces.

42. Question. What percentage of patients without dependents leave the hospital against medical advice due to the reduction of pension while being hospitalized?

Answer. No complaints were developed on this feature.

43. Question. Are there any complaints on the part of the patients regarding the lack of information given them as to their physical condition and advice as to future treatment upon being discharged from the hospital?

Answer. As a rule patients are acquainted with the nature of their physical condition upon being discharged. In some instances, where the diagnosis is highly scientific, the patient is not acquainted with the nature thereof because it would be meaningless.

44. Question. Is outgoing mail of patients censored? If so, by whom?

Answer. Outgoing mail is read by the ward surgeon. It is not intercepted and is allowed to go to destination, except in those instances where it contains obscene, vulgar, or other nonmailable matter. Mail or complaints addressed to Members of Congress, public officials, or higher authorities in the Veterans' Administration are scrupulously sent to destination without any alteration, and without any retaliation upon the sender of such missives.

45. Question. What general or specific recommendations would you offer as to the medical treatment and hospital care of veterans in Veterans' Administration facilities?

Answer. The answer to this question can only be developed by a more thorough study of the entire question of the treatment of war veterans in Government hospitals, which cannot be handled within the limits of this report.

46. Question. What facilities are afforded for occupational therapy?

Answer. Splendid. Many articles requiring skill and ingenuity are being turned out daily in a well-equipped shop, with all necessary mechanical and electrical appliances. Articles of furniture are evaluated, placed on exhibit, and sold for the benefit of the Government.

47. Question. Are patients brought before full staff meetings at intervals in the progress of their treatment?

Answer. Each patient is interviewed in the presence of all members of the medical staff to determine his diagnosis; to determine whether he is capable of



living up to a ground parole, is entitled to be given a pass to leave the grounds to go to the city of Augusta, and, finally, is passed upon by the entire staff to determine whether or not recovery has advanced to the point where he should be discharged.

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LIST OF QUESTIONS TO BE ANSWERED IN NUMERICAL ORDER AS TO EACH HOSPITAL

(Copies in triplicate furnished the commander in chief)

1. Question. Type of hospital?

Answer. General medical and surgical.

2. Question. Located at?

Answer. Atlanta, Ga., 5998 Peachtree Road.

3. Official designation?

Answer. USVA facility.

4. Question. Name of chief officer?

Answer. John M. Slaton, Jr.

5. Question. Is he medical man or layman?

Answer. Layman.

6. Question. Name of chief medical officer?

Answer. Dr. Roy Bryant.

7. Question. Name of chief nurse?

Answer. Miss Sally Neff.

8. Question. Name of chief attendant?

Answer. D. Leonard Moore.

9. Question. Number of doctors?

A. Thirty-two full-time, three part time.

10. Question. Number of attendants?

Answer. Sixty-four on duty, 14 authorized. Ten white, 54 colored.

11. Question. Number of nurses?

Answer. Sixty-nine.

12. Question. Total bed capacity?

Answer. 1940, 317; 1945, 415.

13. Question. Number of patients at present?

Answer. Three hundred and seventy-five; 175 are World War II.

14. Question. Number of patients per nurse?

Answer. Seven and one-half.

15. Question. Number of patients per attendant?

Answer. Six and one-quarter.

16. Question. Number of consultants?

Answer. Fifteen.

17. Question. Are consultants available for emergencies?

Answer. Yes.

18. Question. Are there any general or specific complaints on the medical treatment and hospital care received by the patients? If so, please describe briefly.

Answer. No general complaints.

19. Question. Has remedial action been taken by the Veterans' Administration in these cases or others which may have been previously reported?

Answer. Yes.

20. Question. What is your opinion of the relative standards of treatment in the veterans' hospitals as compared to the State, county, and municipal institutions in the same area?

Answer. Superior.

21. Question. Do the manager, chief medical officer and/or clinical director feel they have sufficient authority to run the hospital as efficiently as they might desire?

Answer. Some delays in personnel matters could be speeded up by further decentralization.

22. Question. Do they feel that there are undue restrictions and regulations under which they must function? If so, kindly specify in what way.

Answer. Need of further decentralization of authority.

23. Question. Do they feel they have sufficient authority and latitude to employ competent doctors, nurses, and attendants?

Answer. They have sufficient authority already.

24. Question. Do they have encouragement and support in research, in participating in clinical meetings, symposiums, medical lecture courses, etc.?

Answer. Medical library adequate. Underpay causes some doctors not to keep up dues in professional societies. Morale among doctors not high.

25. Question. What definite complaints, if any, are there as to the quality, quantity, variety, and preparation of food in the veterans' hospitals?

Answer. None. Quality and quantity are both satisfactory. Cost 52½ cents per day per patient. Has asked for 58 cents for next year.

26. Question. Have there been or are there any specific cases of alleged abuse or neglect of patients?

Answer. No. A few frivolous complaints, but always handled promptly and sympathetically.

27. Question. Are the recreational facilities adequate?

Answer. Quite adequate. Well-stocked library and all current periodicals. Movies twice a week. Free billiards and other games. Gray Ladies and Red Cross aides in constant attendance. Chief recreational aide very sympathetic and resourceful.

28. Question. Is the canteen service satisfactory, and are the prices charged veterans reasonable? If not, please described.

Answer. Satisfactory. Charges reasonable and stock of goods fairly complete and various.

29. Question. Are the medical equipment and clinical arrangements satisfactory?

A. Yes.

30. Question. Are the periods of hospitalization proper? Too long? Too brief?

Answer. Not too long nor too brief.

31. Question. Do patients feel they are required to remain in receiving wards too long before complete examinations and treatment are started?

Answer. Manager thinks too long. Medical officer thinks too brief.

32. Question. How about cleanliness and neatness in the buildings and on the grounds?

Answer. Excellent.

33. Question. Is it felt that the discipline and moral of the patients are satisfactory?

Answer. Yes.

34. Are the transportation facilities to and from the hospital adequate?

Answer. Yes. Hospital ambulance within 25 miles and private ambulance for longer distance where necessary.

35. Question. Is the contact service considered satisfactory and adequate by the VFW?

Answer. Now have 29 contact representatives with corresponding clerical personnel. Requisition has been made for 25 more.

36. Question. How does the ratio of patients to full-time physicians and surgeons, nurses, and attendants in the veterans hospital compare to that in State, county and municipal institutions.

Answer. Superior.

37. Question. Are the patients too crowded? Is there sufficient floor space per patient?

Answer. Patients are crowded but not too crowded. Formerly on 7-foot centers and now on 5-foot centers.

38. Question. How do they find the discipline and morale of the hospital personnel? What are their complaints, if any?

Answer. Hospital personnel morale good but some dissatisfaction because of low pay.

39. Question. What is your recommendation as to type and number of additional beds that may be required for the new load?

Answer. Any plan that requires less than 1,000 additional beds as a minimum, would be inadequate, besides all the other additions in this community.

40. Question. What percentage of the patients are leaving the hospital against medical advice? Why?

Answer. Number is negligible.

41. Question. Could better personal care be furnished with staff aide program of WAC's trained in hospital routine, thus relieving nurses for more important duties?

Answer. Yes, and even civilian clerks could be used.

42. Question. What percentage of patients without dependents leave the hospital against medical advice due to the reduction in pension while being hospitalized?

Answer. Very few leave for this reason, although there are many who decline to come in for this reason.

43. Question. Are there any complaints on the part of the patients regarding the lack of information given them as to their physical condition and advice as to future treatment upon being discharged from the hospital?

Answer. No such complaint. Full medical advice given on discharge.

44. Question. Is outgoing mail of patients censored? If so, by whom?

Answer. Never.

45. Question. What general or specific recommendations would you offer as to the medical treatment and hospital care of veterans in Veterans' Administration facilities?

Answer. Not in position to offer any specific recommendations.

VETERANS OF FOREIGN WARS OF THE UNITED STATES,  
NATIONAL REHABILITATION SERVICE,  
Washington, D. C.

BOISE, IDAHO, FACILITY (147 DOMICILIARY AND 203 GENERAL MEDICAL AND SURGICAL BEDS)

Complaints: 52 general medical and surgical beds unusable, because of condition; no eye, ear, nose, and throat clinic; X-ray equipment dangerous to life; dental laboratory inadequate; kitchen equipment inadequate; kitchen sanitation impossible (?); clinical arrangements unsatisfactory; domiciliary quarters inadequate and poorly arranged; overcrowded; understaffed; poor administration disclosed.

Recommendations: Correction of above.

REPORT OF SURVEY, VETERANS' ADMINISTRATION HOSPITAL AT BOISE, IDAHO

The Veterans' Administration facility, Boise, Idaho, is officially listed as having 203 hospital beds, but 52 of these beds are loaned to the domiciliary section. "These 52 beds are in a dilapidated state and could not be used as medical beds," said the chief medical officer. "It would be impossible to maintain sanitation standards in the building where these beds are located."

There is no eye, ear, nose, and throat clinic in operation at the facility, and the equipment located here would need to be replaced by modern equipment if a ear, eye, nose, and throat specialist could be secured to operate said clinic.

*X-ray room.*—The X-ray equipment is antiquated, and a statement from the chief medical officer is as follows: "Every time a patient submits himself to an X-ray examination, he jeopardizes his life. There are uninsulated wires that carry 200,000 volts and the equipment is not shockproof. All X-ray equipment is obsolete."

*Dental laboratory.*—Equipment needs replacing and an expansion is necessary. Need one more dentist and the developing room for X-ray films is obsolete and the refrigeration unit for this developing of films is not proper and all drains are plugged. There should be a private office and examining room added.

*Kitchen.*—Room in which meat is cut and prepared is like a boiler room, with exposed pipes covered with dust and dirt over the exposed meats. The general condition of the room is such that it is impossible to maintain sanitation. There is one refrigeration unit where all foodstuffs are kept and the odor absorbing foods take on tainted tastes from that condition. The chief medical officer said, "The equipment in the kitchen is dilapidated, old, and rusty." The construction of the kitchen is such that it is impossible to maintain sanitation.

*Neuropsychiatric ward.*—There are no facilities for hospitalization of those patients and they must be placed in a room with an attendant on duty at the bedside, taking him from the already strained force of attendants.

*Domiciliary quarters.*—All of these quarters were built about 1890 and little improvements have been added. There is no disciplinary quarters and drunken inmates return from town and are thrown upon the medical staff for treatment, upsetting the other hospital patients, and causing general disturbances in the



wards. The domiciliary patients should be kept in their own quarters and proper facilities provided for them.

*General conditions.*—The entire hospital is very inconvenient and there is inadequate help to clean and properly maintain sanitation. Half of the orderlies are female and cannot do the manual labor required. The walls are in dire need of cleaning and painting. Floors are cracked and residuals from moppings are congested in these cracks. The administration building is not sufficient for proper office space and a general crowded condition exists.

NEIL A. MARTIN,  
*Service Officer, Department of Idaho.*

VETERANS OF FOREIGN WARS OF THE UNITED STATES,  
NATIONAL REHABILITATION SERVICE,  
Washington, D. C., April 23, 1945.

ILLINOIS (5 HOSPITALS)

Hines Facility, Hines, Ill.: General hospital, 2,024 beds.

No complaints on this hospital; no specific recommendations. (NOTE.—As to general recommendations, these will be discussed later.)

Danville Facility, Danville, Ill.: Neuropsychiatric hospital, 2,023 beds.

Complaint: Recreational facilities inadequate; no recommendations except increase of staff.

Marion Facility, Marion, Ill.: General hospital, 214 beds.

Complaints: Overcrowding.

Recommendations: 400 additional beds. (NOTE.—“Hospital is far superior.”)

Dwight Facility, Dwight, Ill.: General hospital, 196 beds, 104 additional authorized.

No complaints. Recommendations: Decent home for nurses.

Downey Facility, Downey, Ill.: Neuropsychiatric hospital, 2,050 beds.

Complaints: Inadequate recreational facilities; unsatisfactory canteen; lack of transportation; medical and clinical arrangements inadequate.

Recommendations: Additional building for female patients and construction of a chapel.

HINES, ILL., April 23, 1945.

This is a report of the investigation of the Veterans' Administration Facility, Hines, Ill., made in conjunction with the investigation of the American Legion and the Disabled American Veterans:

1. Answer. Complaints of patients are usually general in character and pertain to length of time spent in the hospital and misunderstanding of Veterans' Administration regulations and procedure. Our contact service at this hospital has been able to advise these patients properly as to their entitlement, and so forth. We receive very few specific complaints as to treatment. These are usually minor in character, and are very easily handled with the personnel.

2. Answer. At this facility we have never had any difficulty in obtaining remedial action for any complaints brought to the attention of the hospital authorities or the management.

3. Answer. In my opinion, the relative standards of treatment at this facility are as high or higher than comparable institutions in this State.

4. Answer. The management feels that they have sufficient authority to operate the hospital as outlined by the policy of the central office, and there are no specific complaints with reference to this matter.

5. Answer. It is not felt that there are any undue restrictions or regulations.

6. Answer. There is sufficient authority to employ minor help, but no authority to employ doctors or nurses. Recommendation: The committee felt that the managers at facilities in large cities where there is a large number of doctors and nurses available, that greater latitude should be given the manager for employing these people, rather than waiting for central-office approval.

7. Answer. It is felt that there is sufficient encouragement to support research, and so forth, but as a practical matter, it is difficult for doctors to find sufficient time away from their duties, because there is not sufficient personnel available to take over the work, and it is recommended that a pool of doctors be made available to take the place of men who are participating in research, clinical meetings, and so forth.

8. Answer. There has been no specific complaint as to the quality and quantity of food. Occasionally complaints are received as to kind of food served, but quite often these are from patients who are on diets, and cannot have the different menus that are available to others not on diets. From our investigation we find that the food served is of good quality, properly balanced as to content, and of sufficient quantity.

9. Answer. We have been unable to find that there has been any specific cases of abuse or neglect of patients.

10. Answer. Recreational facilities are adequate for the present type of patient. Additional facilities, however, will be necessary to meet the needs of younger patients. There should also be an enlargement of the library, both for patients and for medical personnel.

11. Answer. Canteen service from the standpoint of patients, is considered to be satisfactory. Prices charged in the canteen are comparable with prices charged elsewhere.

12. Answer. Medical equipment and clinical arrangements are fairly satisfactory. Additional X-ray equipment and personnel are necessary because of the extremely large number of out-patient examinations each day, in addition to the hospital patient load.

13. Answer. The period of hospitalization averages about 30 days. In view of the necessary work-ups, and so forth, this is not considered too long.

14. Answer. Patients are not required to remain very long in receiving wards, except when a bed is not available in a treatment ward.

15. Answer. In our investigation of the buildings and grounds, we find they are kept in a clean and neat condition.

16. Answer. At this facility the morale of the patients is generally satisfactory, and the discipline is satisfactory.

17. Answer. From the patient's standpoint, transportation facilities to and from the hospital are adequate.

18. Answer. The Veterans of Foreign Wars considers the contact service to be satisfactory.

19. Answer. The ratio of full-time physicians and surgeons to patients per ward is 1 to 40. This does not include administrative personnel or chiefs of service. Graduate nurses are 1 to 12, and aides 1 to 9.

20. Answer. This facility is not overcrowded, although it is being used to capacity. Floor space allotted per patient is from 55 to 75 square feet.

21. Answer. There is no evidence to show that discipline and morale of the hospital personnel is not satisfactory. We have received no complaints of any kind.

22. Answer. It is difficult to answer this question, inasmuch as the type and number of additional beds will depend entirely upon the type and number of World War II patients who will be expected to receive hospitalization. There is authority for the erection of another hospital for tumor patients, and with the possibility of the addition of Vaughan General Hospital to the Hines Facility, the requirements may be considered to be ample.

23. Answer. The percentage of patients leaving the hospital against medical authority is 4.39. There were 11,577 patients treated in the past year, of which 50 were discharged against medical advice, or a. w. o. l. Of this number, 189 were a. m. a. and 319 a. w. o. l. On the TB service, 109 patients left the hospital against medical advice, or a. w. o. l. Of these, 41 were a. m. a., 21 of which left to continue treatment at home, or for business reasons; 3 who felt that a change of climate was desirable; 3 for family reasons; 3 refused operations, and the rest for unspecified reasons. These figures are included in the 509 shown above.

24. Answer. It is not felt that the addition of a Wac contingent would materially assist at this time. However, the employment of a full-time clerk in each ward to handle the nonprofessional duties now taken care of by the nurses and attendants would be a better arrangement.

25. Answer. We are unable to obtain any figures as to the number of patients leaving against medical advice due to the reduction in pension. There has been no specific complaint of this kind made to any member of this committee recently.

26. Answer. There are occasional complaints from patients with reference to the lack of information during treatment in the hospital, and at the time of discharge, with reference to their disabilities. Our investigation indicates that physicians are instructed to advise patients, and that this matter is left to the

discretion of the physician to a large extent, but all patients are given every opportunity to discuss these matters with the discharge board.

27. Answer. This facility is operating as a general hospital, and is efficiently managed. However, the volume of business, because of the regional office activity, would seem to indicate that out-patient service for claims purposes, should be separated from the hospital, and moved to a more central location, preferably the city of Chicago. It is our recommendation that arrangements be made for out-patient treatment for psychoneurosis cases. It is also recommended that the Veterans' Administration arrange a pool of doctors to replace men who may be assigned for study and research to other institutions, so that there will be no impairment of medical attention for patients. At this time, if arrangements are made for doctors to participate in clinical meetings, symposiums, lecture courses, etc., their places are not filled during their absence.

Respectfully submitted.

JOHN P. FLANAGAN,  
*Department Liaison Officer.*

WALTER E. OPPELT,  
*Assistant Department Liaison Officer.*

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#### QUESTIONS TO BE ANSWERED AS TO EACH VETERANS' HOSPITAL

Name of hospital: Veterans' Administration Hospital.

Address: Danville, Ill.

1. Question. Are there any general or specific complaints on the medical treatment and hospital care received by the patients? If so, please describe fully.

Answer. Have not had any. Have had many complimentary remarks.

2. Question. Has remedial action been taken by the Veterans' Administration in those cases or others which may have been previously reported?

Answer. ———.

3. Question. What is your opinion of the relative standards of treatment in the veterans' hospitals as compared to the State, county, and municipal institutions in the same area?

Answer. Equal in all respects; as far as NP hospital treatment is concerned, superior.

4. Question. Do the manager, chief medical officer and/or clinical director feel they have sufficient authority to run the hospital as efficiently as they might desire?

Answer. In an organization as big as the Veterans' Administration you will always find some variation in opinions in details, but there is such a thing as policy, which is determined by central office. It is felt that this hospital, which has no decision as to policy and is not attempting to interpret policy, that a certain amount of administrative matters now centralized and certain details now centralized should be decentralized to the field. There is no objection to the operation as it exists now, but it is believed that more prompt and efficient service could be rendered hospitalized veterans with some further decentralization of authority. This applies to ordinary repairs and improvements which are now obtained on maintenance and repairs and on quarterly allotment, and matters of that kind. This should be included in the station budget, and then should be approved for station utilization in the matter of ordinary repairs and improvements, because these will vary much with the various hospitals, their age, and matters of that kind.

5. Question. Do you feel that there are undue restrictions and regulations under which you must function? If so, kindly specify in what way.

Answer. There should be further decentralization in the matter of emergency treatments.

6. Question. Do you feel you have sufficient authority and latitude to employ competent doctors, nurses, and attendants?

Answer. The hospital now has the authority to employ doctors locally, full time, if the recommendation is approved by the central office. The hospital has the same authority for the recommendation for part-time physicians, again approved by central office. It is felt at this hospital that the appointment of physicians for the hospital should continue to be decentralized for the doctors and for the nurses after the war emergency is past and should not be recentralized in central office, central office simply passing upon the recommended appoint-



ments as they are doing now, and that the appointment of physicians, and nurses, in the Veterans' Administration should be on a quota allowance for States and by States as is authorized by law for civil service. In other words, it is believed that, on the whole, excellent service can be rendered this hospital by doctors and nurses appointed under the civil-service law and from the States in the area that this hospital serves. With the present standards of grade A schools for physicians and for nurses there is no monopoly on intelligence or on medical acumen in any area of this country.

7. Question. Do you have encouragement and support in research, in participating in clinical meetings, symposiums, medical lecture courses, etc.?

Answer. This question divides itself into three parts: (1) Local association with local medical societies; (2) National association with medical societies; (3) Research and medical refresher work.

(1) Local medical societies: This hospital has a splendid relationship with the local medical society of the American Medical Association.

(2) The American Medical Association, through its board in Chicago and through the requirements that are promulgated by this board and the various societies of the American Medical Association, prohibits membership in the American Medical Association unless the applicant is practicing medicine in the community in which he resides. Based upon this the physicians of the Veterans' Administration, who are practicing medicine in the Veterans' Administration hospitals, are prevented from obtaining full membership or fellowship with the American Medical Association, because they do not practice medicine in private practice in the community in which the hospital is located. This is unfair and unjust on the part of the American Medical Association.

(3) Research and refresher: The physicians at this hospital believe in research and refresher training courses. They believe further that the medical men designated for these courses should have an allowance while taking a post-graduate course under instruction of the Veterans' Administration. They believe further that research should be done in specially designed hospitals, and the research should be under the control of central office, designating certain places and certain research activities for that work. They believe further that the Veterans' Administration should be able to and should have authority to utilize research centers, not only those established in the Veterans' Administration but those established in any Federal agency under laws authorized by the Congress, whether that Federal agency be the Public Health Service, the Army, the Navy, or any other Federal medical organization. We further believe that selected men should be authorized for research and refresher courses, not only in the Veterans' Administration or in the Federal agencies or Federal organizations authorized by Congress for that work in any Federal agency, but they believe further that research and refresher courses should also be provided in and through universities of the United States affording such opportunities, and that men detailed to that work should be provided with additional allowance while carrying on that work when so designated by central office. The hospital feels further that these research units of the Veterans' Administration should not be in all hospitals, but in selected centers operated through the central office as an agency, and that when physicians or nurses or any other personnel are detailed to these centers provision should be made for their replacement in the local hospital while they are away from duty having to do with the care and treatment of patients in the hospital. The hospital believes that you should not deplete the treatment staff of a hospital for special research work without keeping the treatment staff up to its full quota; and they further believe that you cannot combine the time of a physician in research work with treatment work, that they are separate entities, to either of which, while so designated for that work, the physician should give full time.

8. Question. What definite complaints, if any, are there as to the quality, quantity, variety, and preparation of food in the veterans' hospitals?

Answer. In an organization as big as the Veterans' Administration or as big as this hospital, there will arise occasional complaints about food. The food standard at this hospital is high, buying the best food the market affords for the patients. In these emergent times certain foods, like meats, are hard to get, but this hospital has an arrangement that when it is necessary these meats can be bought through the Army Quartermaster in Chicago. There are no complaints from the patients concerning the food. Once in a while there will be a minor complaint from an employee. These complaints are usually

based upon some minor break-down in the food service, and not concerning the food itself, and they are very infrequent.

9. Question. Have there been or are there any specific cases of alleged abuse or neglect of patients?

Answer. Not any.

10. Question. Are the recreational facilities adequate?

Answer. It is felt that they are not.

Question. What recommendations would you make?

Answer. A new recreational building constructed in the rear of the old theater, \$400,000 was authorized for the construction here of such a building prior to the present war emergency, but it has not yet been built. Recommendations for the type of building to be combined with the old theater building, location and other details were made to the construction service of central office a very considerable time ago.

11. Question. Is the canteen service satisfactory, and are the prices charged veterans reasonable? If not, please describe.

Answer. The canteen service is satisfactory. Prices charged for veterans are reasonable and do not exceed prices paid locally nor the OPA ceilings.

Question. Are the medical equipment and clinical arrangements satisfactory?

Answer. Medical equipment and clinical arrangements are satisfactory. There never has been any delay by central office in the purchase of necessary medical equipment or for improvements in clinical construction.

13. Question. Are the periods of hospitalization proper? Too long? Too brief?

Answer. This is a mental hospital, and it is felt that the periods of hospitalization are proper here.

14. Question. Do patients feel that they required to remain in receiving wards too long before complete examinations and treatment are started?

Answer. This does not apply here, because this is a mental hospital. Patients are kept on the receiving and treatment wards of the hospital proper for sufficient periods to insure the necessary examinations and clinical work and the necessary treatment in the individual case.

15. Question. How about cleanliness and neatness in the buildings and on the grounds?

Answer. The buildings and grounds are neat and clean.

16. Question. Is it felt that the discipline and morale of the patients are satisfactory?

Answer. Discipline and morale of the patients are satisfactory.

17. Question. Are the transportation facilities to and from the hospital adequate?

Answer. Transportation facilities to and from the hospital are adequate. The hospital has a 5-cent bus line running to the hospital on 20-minute intervals. The railroad and motor transportation from other points to this hospital are good.

18. Is the contact service considered satisfactory and adequate by the American Legion (or Veterans of Foreign Wars)?

Answer. Very favorable. The contact service is satisfactory.

19. Question. How does the ratio of patients to full-time physicians and surgeons, nurses, and attendants in the veterans' hospital compare to that in State, county, and municipal institutions?

Answer. Favorably. This hospital has 19 full-time physicians and 2 part-time. One part-time surgeon and one part-time X-ray; one eye, ear, nose and throat physician authorized but not filled at the present time. The hospital has 74 nurses authorized, 71 positions filled, 3 vacant. As to hospital attendants, let me give you the number of authorized positions of attendant and number of vacancies we have. We have a number of soldiers coming in to take care of these vacancies, and the same thing as to the dietetic service. Hospital attendants: 329 positions, 310 present. Dietitians allowed, 4, and have 3. Mess attendants allowed, 90, and have 66. Here are the lists of total authorized positions—727, and we have only 50 vacancies. Not many hospitals can say that—mainly in the attendant group, in the mess, and hospital. We now have authority for 65 soldiers. We have got in to date about 45. These are mostly ward attendants. We have a first lieutenant as commanding officer of the detachment, and three non-coms. We feed them and house them and furnish their white clothes, but do not pay for them.

20. Question. Are the patients too crowded? Is there sufficient floor space per patient?



Answer. Somewhat too crowded on the acute and infirm service, although there are no beds in the corridors, no beds in tray rooms, or other rooms of that sort, and no beds in the day rooms.

21. Question. How do you find the discipline and morale of the hospital personnel?

Answer. Good.

22. Question. What is your recommendation as to type and number of additional beds that may be returned for the new load?

Answer. It is felt there should be new construction for the acute service, approximately 300 beds, and for the TB NP service, approximately 50 beds.

23. Question. What percentage of the patients are leaving the hospital against medical advice? Why?

Answer. No patients are being discharged against medical advice. A certain few are being permitted to go out on trial visit against medical advice, but the percentage ratio is very low indeed.

24. Question. What percentage of the patients without dependents leave the hospitals against medical advice due to the reduction in pension while being hospitalized?

Answer. None from this hospital. This is a mental hospital.

25. Question. Could better personnel care be furnished with staff aide program of WAC's trained in hospital routine, thus relieving nurses for more important duties?

Answer. Nurses should be relieved from duties inconsistent with nursing duties by proper clerical personnel. This clerical personnel, however, should be of the type that meets the present Federal civil-service requirements for the grades and for the duties for which the clerks may be employed. There should be no deviation in employment from Federal civil-service standards.

26. Question. Are there any complaints on the part of the patients regarding the lack of information given them as to their physical condition and advice as to future treatment upon being discharged from the hospital?

Answer. No; this is all handled carefully here.

27. Question. What general or specific recommendations would you offer as to the medical treatment or hospital care of veterans in Veterans' Administration facilities?

Answer. In this Veterans' Administration hospital, which is an NP hospital, it is felt that this approach should be made: The hospital will now receive mainly mentally ill World War II cases, many of them acute and many of them recoverable, so there must be a change in the approach of the treatment of patients in this hospital from that that was required or was prevalent when the main patient load that was being received were chronic World War I cases. This will require both for the in-patient and for the out-patient work additional doctors, additional nurses, and an increased ratio of attendants for ward service, this provision for attendants being especially needed in the acute-, sub-acute-, and infirm-ward service. There will be other additions needed, social workers, psychologists, and various other personnel of that type, selected through civil-service procedure and civil-service requirements.

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#### QUESTIONS TO BE ANSWERED AS TO EACH VETERANS' HOSPITAL

Name of hospital: Veterans' Administration Hospital.

Address: Danville, Ill.

1. Question. What was your bed capacity December 1941?

Answer. One thousand eight hundred and sixty-eight.

2. Question. How many new beds have been constructed since December 1941?

Answer. None.

3. Question. What is your present bed capacity?

Answer. Two thousand three hundred emergency capacity.

4. Question. How many men on the waiting list?

Answer. None.

5. Question. How much Army personnel is assigned to your hospital? (a) Doctors? (b) Attendants and orderlies? (c) Is this arrangement satisfactory?

Answer. (a) Five. (b) 45 on duty; 20 coming. (c) Yes.

6. Question. How many admissions have you had during the past 6 months?

Answer. Five hundred and forty-one.



MARION, ILL., April 25, 1945.

## REPORT OF INVESTIGATION OF MARION, ILL., VETERANS' ADMINISTRATION HOSPITAL

1. Answer. Time required only.
  2. Answer. Yes.
  3. Answer. Better in Veterans' Administration hospital.
  4. Answer. Yes.
  5. Answer. Yes; object to regulations requiring consent of next of kin before spinal punctures can be given. This is especially noticeable when unconscious patients are to be treated.
  6. Answer. Yes.
  7. Answer. Yes.
  8. Answer. None. Patients compliment food. Care and preparation superb.
  9. Answer. No.
  10. Answer. No. Recreation hall needed.
  11. Answer. Service satisfactory. Cigarette shortage noted. Veterans' Administration attempts to supply when canteen operator's supply is exhausted.
  12. Answer. Yes.
  13. Answer. Periods average 30 days.
  14. Answer. In receiving wards 1 week, average. Acute cases go immediately to treatment.
  15. Answer. Above criticism.
  16. Answer. Yes.
  17. Answer. Yes.
  18. Answer. Government contact satisfactory. VFW service officer (unpaid) could give better service.
  19. Answer. No comparison available.
  20. Answer. Capacity of hospital stretched: 179 beds in 160-bed hospital with 35 more available if needed. One surgeon needed on force of eight. Twenty-three nurses on duty. Floor space considered adequate.
  21. Answer. Discipline satisfactory. Morale can be improved by providing living quarters for personnel on hospital grounds. Small town disappointing to newcomers.
  22. Answer. Four hundred general medical beds should be added in next 5 years.
  23. Answer. Eight percent; causes family and economic conditions.
  24. Answer. No. More clerical help needed for physicians and nurses on wards.
  25. Answer. None.
  26. Answer. No. Hospital cooperates fully with family physicians.
  27. Answer. Southern Illinois badly in need of a hospital for treatment of tuberculosis cases.
- Respectfully submitted.

LEWIS BRAKE,  
Member, Post 1376, Mount Vernon, Ill.

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REPORT OF INVESTIGATION OF THE MARION VETERANS' HOSPITAL AT MARION, ILL.,  
APRIL 8, 1945

1. Answer. No.
2. Answer. None reported.
3. Answer. This hospital is far superior.
4. Answer. Yes.
5. Answer. They disagree with the Veterans' Administration in that they are not permitted to make spinal puncture on an unconscious patient until they have secured the consent of the nearest relative, regardless of the symptoms of the patient.
6. Answer. At present time under war regulations. Yes.
7. Answer. Yes.
8. Answer. None.
9. Answer. No.
10. Answer. No. With the incoming veterans it will be necessary to have a recreation hall in addition to the present facilities.
11. Answer. The prices are posted ceiling prices the same as elsewhere in the community. The cigarette shortage is acute and patients are unable to secure their particular brand.
12. Answer. Excellent.

13. Answer. Average 30 days. Patients are never urged to leave.

14. Answer. The patients are never kept in receiving wards more than 1 week. They are treated while in the receiving ward at the same time they are going through the clinic. Acute surgical and acute medical cases go direct to treatment ward.

15. Answer. Excellent conditions prevail.

16. Answer. Yes.

17. Answer. Yes.

18. Answer. Six days per week, 8 hours per day. Yes.

19. Answer. Average 179 patients. Standard capacity 160. Eight full-time doctors, 23 full-time registered nurses, 26 ward attendants, 19 mess attendants. Under a certain ruling, when an employee leaves they are required to wait a specified time before filling the vacancy. This condition should be corrected, as during this period they are short-handed.

20. Answer. The standard space per patient in the wards was 75 square feet. At present the space has been reduced to 55 square feet per bed. Private rooms have larger space. This hospital is very crowded. Waiting list up to 40 requiring a wait of 2 weeks or more except in case of emergency.

21. Answer. Discipline O. K. Morale of doctors lowered on account of living conditions. This condition could be corrected to a certain extent if quarters for medical officers and their families were erected on the hospital grounds.

22. Answer. Four hundred additional beds.

23. Answer. Eight percent. Economic conditions requiring their presence at home as heads of families and being on the job. Some come to hospital for X-ray and laboratory examinations and want to go home as soon as they have completed these examinations.

24. Answer. No. With the exception of clerical work.

25. Answer. None.

26. Answer. No.

27. Answer. I am of the opinion that it is necessary that immediate steps be taken to erect a TB hospital in southern Illinois.

Respectfully submitted for your consideration.

MICHAEL H. BOND,  
Past Senior Vice Commander, Department of Illinois,  
Veterans of Foreign Wars, Centralia, Ill.

DWIGHT, ILL., April 23, 1945.

This is a report of the investigation of the Veterans' Administration facility, Dwight, Ill., made in conjunction with the investigation of the American Legion and the Disabled American Veterans:

1. Answer. There have been no complaints received by this organization with reference to treatment and care of patients.

2. Answer. Same as question 1.

3. Answer. In our opinion, the standards are higher than in comparable State or municipal institutions.

4. Answer. The management of this facility feel that they have sufficient authority to operate this facility efficiently.

5. Answer. They do not feel there are any undue restrictions or regulations.

6. Answer. They feel they have sufficient authority for the employment of personnel and seem to feel that central office should continue to employ the professional personnel.

7. Answer. They feel they have sufficient encouragement and support.

8. Answer. Your committee inspected kitchens and the dining room, sampled the luncheon, and feel that the quality and quantity of food is satisfactory.

9. Answer. We received no complaints of abuse or neglect. All of the patients questioned felt that they were being well treated and properly cared for.

10. Answer. Recreational facilities are fairly adequate. However, the present arrangement will be inadequate for younger patients.

11. Answer. There is no canteen service at this facility.

12. Answer. Medical equipment and clinical arrangements are satisfactory.

13. Answer. The average period of hospitalization is 30 days, which seems to be proper.

14. Answer. No complaints of patients with reference to length of time spent in receiving wards.

15. Answer. We inspected the buildings and grounds and find they are kept neat and clean.

16. Answer. Satisfactory.

17. Answer. This facility is situated on the Chicago & Alton Railroad, about 70 miles from Chicago, and transportation is inadequate, in that only two trains a day stop at the station, and there is no Veterans' Administration facility ambulance or bus for use of patients.

18. Answer. Contact service is satisfactory, as found by the Veterans of Foreign Wars.

19. Answer. The ratio of patients to full-time physicians is much higher than in State or municipal institutions.

20. Answer. The patients are not too crowded, and there is sufficient floor space per person.

21. Answer. Discipline and morale seem to be satisfactory.

22. Answer. The present construction now under way will add 104 beds to this hospital. This facility covers the entire area of land on which it is situated, and it will be very difficult to add more than the addition now under construction.

23. Answer. There were 123 patients discharged against medical advice in the past year, 60 of those a. m. a. and 63 a. w. o. l.

24. Answer. It is not felt that better personnel care could be furnished by the use of WAC's.

25. Answer. None.

26. Answer. There has been some complaint in the past with reference to this question. This matter has been adjusted, and patients are now advised with reference to their physical condition at the time of discharge.

27. Answer. This facility, on the day of inspection, had 134 patients. With the addition of 104 beds under construction, it will have a potential capacity of 300 patients. It is difficult to make recommendations as to additional buildings, in view of the very limited amount of land available for additions. The principal need at this time is a decent home for nurses. The building in use at this time is old, lacking in modern facilities, and entirely inadequate for its purpose. In view of the fact that this is a very small community, situated some distance from large towns or cities, it is important that living conditions be proper in order to interest employees in remaining at this facility.

Respectfully submitted.

JOHN P. FLANAGAN,  
WM. L. FALETTE,  
*Department Liaison Officers.*

#### LIST OF QUESTIONS TO BE ANSWERED IN NUMERICAL ORDER AS TO EACH HOSPITAL

(Copies in triplicate furnished the commander in chief)

Name of hospital: Veterans' Administration Facility.

Address: Downey, Ill. (Colonel Goode, manager).

1. Question. Are there any general or specific complaints on the medical treatment and hospital care received by the patients? If so, please describe briefly.

Answer. All are mental cases, interviews with patients would have no value.

2. Question. Has remedial action been taken by the Veterans' Administration in these cases or others which may have been previously reported?

Answer. Does not apply.

3. Question. What is your opinion of the relative standards of treatment in the veterans' hospitals as compared to the State, county, and municipal institutions in the same area?

Answer. I have made no personal investigation of State, county, or municipal institutions.

4. Question. Do the manager, chief medical officer, and/or clinical director feel they have sufficient authority to run the hospital as efficiently as they might desire?

Answer. Greater latitude—disciplinary action for minor violations (cadet nurses)—should be given to manager.

5. Question. Do they feel that there are undue restrictions and regulations under which they must function? If so, kindly specify in what way.

Answer. There are undue restrictions and regulations on the part of central office.



6. Question. Do they feel they have sufficient authority and latitude to employ competent doctors, nurses, and attendants?

Answer. Yes.

7. Question. Do they have encouragement and support in research, in participating in clinical meetings, symposiums, medical lecture courses, etc.?

Answer. Insufficient number of doctors to do work; weekly clinical meeting (medical meeting) held; whole staff must attend meeting one evening per week (general meeting).

8. Question. What definite complaints, if any, are there as to the quality, quantity, variety, and preparation of food in the veterans' hospitals?

Answer. Food served on day of investigation—good quality and quantity.

9. Question. Have there been or are there any specific cases of alleged abuse or neglect of patients?

Answer. There has been one recently. Two responsible persons of personnel were discharged. Recurrence—verbally and physically.

10. Question. Are the recreational facilities adequate?

Answer. Inadequate. Three shows not sufficient to accommodate patients (1,900 patients). Outdoor recreation O. K. Indoor, not O. K.

11. Question. Is the canteen service satisfactory, and are the prices charged veterans reasonable? If not, please describe.

Answer. Too small; not satisfactory; below ceiling prices.

12. Question. Are the medical equipment and clinical arrangements satisfactory?

Answer. Inadequate. Not satisfactory. Should have large one. Could modernize equipment, reduce cost of operations. Equipment, in general, satisfactory.

13. Question. Are the periods of hospitalization proper? Too long? Too brief?

Answer. No.

14. Question. Do patients feel they are required to remain in receiving wards too long before complete examinations and treatment are started?

Answer. Eighty-eight beds in receiving ward; 18 beds are given something to do, occupational therapy, etc., in receiving wards vacant.

15. Question. How about cleanliness and neatness in the buildings and on the grounds?

Answer. O. K.

16. Question. Is it felt that the discipline and morale of the patients are satisfactory?

Answer. Yes.

17. Question. Are the transportation facilities to and from the hospital adequate?

Answer. No transportation facilities for patients on pass to nearby cities. Often must walk.

18. Question. Is the contact service considered satisfactory and adequate by the VFW?

Answer. Yes.

19. Question. How does the ratio of patients to full-time physicians and surgeons, nurses, and attendants in the veterans' hospital compare to that in State, county, and municipal institutions?

Answer. Fifteen doctors to 1,900 patients; 1 medical officer to 136 patients; 1 nurse to 30 patients; attendants, 1 to 5.6.

20. Question. Are the patients too crowded? Is there sufficient floor space per patient?

Answer. No. Yes.

21. Question. How do they find the discipline and morale of the hospital personnel? What are their complaints, if any?

Answer. Personnel not interviewed.

22. Question. What is your recommendation as to type and number of additional beds that may be required for the new load?

Answer. Additional new building for female patients, L-shaped; two additional continuous treatment building; also a chapel-gymnasium.

23. Question. What percentage of the patients are leaving the hospital against medical advice? Why?

Answer. Against medical advice, 32 percent. World War II men, relatives request discharge.

24. Question. Could better personal care be furnished with staff aide program of Waes trained in hospital routine, thus relieving nurses for more important duties?

Answer. Could not apply; must be permanent employee.

25. Question. What percentage of patients without dependents leave the hospitals against medical advice due to the reduction in pension while being hospitalized?

Answer. Does not apply to NP patients.

26. Question. Are there any complaints on the part of the patients regarding the lack of information given them as to their physical condition and advice as to future treatment upon being discharged from the hospital?

Answer. Yes.

27. Question. What general or specific recommendations would you offer as to the medical treatment and hospital care of veterans in Veterans' Administration facilities?

Answer. Treatment same as standards on the outside. All approved medical treatments are being used. Patients consist of suicidal, combative, etc.

Recommendation: Gymnasium facilities for patients or personnel to keep them satisfied. Has a consultant staff (two members). Have no eye, ear, nose, and throat doctor on staff. Undermanned.

DOWNNEY, ILL., April 23, 1945.

This is a report of the investigation of the Veterans' Administration Facility, Downey, Ill., made in conjunction with the investigation of the American Legion and the Disabled American Veterans:

1. Answer. We have received no complaints of the medical treatment and care of patients.

2. Answer. Same as question No. 1.

3. Answer. In our opinion, the relative standards of treatment in veterans' hospitals are higher than the average of State and municipal institutions. At this facility, the doctors are 1 to 26 patients; nurses 1 to 30 patients; attendants 1 to 6 patients.

4. Answer. The management feels that they have sufficient authority under the Veterans' Administration policy to operate the hospital.

5. Answer. They do not feel that there are any undue restrictions and regulations.

6. Answer. They feel they have sufficient authority to employ competent help, except professional help.

7. Answer. We are informed that they do have encouragement and support in research, and so forth. However, doctors participating in courses outside of the facilities are not replaced during their absence, and to that extent, they impair the efficiency of the institution.

8. Answer. We inspected the dining rooms and kitchens, and find the quality and quantity of food is satisfactory.

9. Answer. We have had no specific complaints of abuse of neglected patients. However, the management has had occasion to discipline employees, and assures us that abuse or neglect of patients will not be tolerated.

10. Answer. Recreational facilities are not adequate at this facility. There is need for a recreational hall and a gymnasium, and suitable equipment and arrangements for outdoor recreation.

11. Answer. Canteen service is not satisfactory. Prices charged are reasonable, but the location and size of the canteen are very unsatisfactory from the standpoint of creature comforts to patients.

12. Answer. Medical equipment and clinical arrangements are fairly satisfactory and appear to be ample for the present.

13. Answer. It is difficult to answer this question properly, as this is a NP hospital.

14. Answer. It is impossible to obtain any expression from this type of patient as to length of time remaining in receiving wards. However, the receiving wards should be enlarged, and it appears that patients being received from the Army and Navy at the present time are delivered in too large numbers for the size of the facility.

15. Answer. We inspected the buildings and grounds, and find them in excellent condition as to cleanliness and neatness.

16. Answer. Discipline and morale seem to be satisfactory.

17. Answer. The staff considers the transportation facilities inadequate. There is no Veterans' Administration ambulances or transportation service from the hospital to the nearest through transportation.

18. Answer. Contact service is considered to be satisfactory by the Veterans of Foreign Wars.

19. Answer. The ratio of patients to full-time physicians and surgeons is much higher than in State and municipal institutions.

20. Answer. This hospital is filled almost to capacity, but is not too crowded, and there is sufficient floor space per patient.

21. Answer. Discussion with several of the personnel would indicate that the morale of the personnel is satisfactory.

22. Answer. It is our recommendation that additional buildings are needed at this facility to care for the greatly increased demands, also a separate building should be provided for female patients, and a chapel building should also be provided. There is need, also, for a new clinical building.

23. Answer. Patients leaving this institution against medical advice usually do so because of the desire of the family to have them discharged. There were only 10 disciplinary discharges for a. w. o. l. in a 6-month period, and 46 were discharged against medical advice.

24. Answer. Better personal care cannot be furnished by the use of Wacs, because of the temporary nature of such an assignment. It would perhaps be better to have full-time clerical help on each ward to take care of nonprofessional duties.

25. Answer. There are no figures available for information that would indicate any of the patients leaving this hospital for this reason.

26. Answer. It is impossible to interview these patients with reference to this question. However, patient's relatives are instructed whenever a patient is discharged.

27. Answer. This hospital is efficiently managed, and covers considerable area ground located about a mile from the nearest railroad station and several miles from the nearest large town. The problem of finding suitable living quarters is the principal complaint of the personnel. Arrangements should be made to provide living quarters for personnel who desire it at the facility. It is also recommended that extra doctors be available to take over the duties of men who are assigned to attend lecture courses, or schools of instructions in particular specialty, so that patients will not be neglected. This manager has sufficient authority to recruit full-time employees, but certain administrative restrictions on travel and time off makes this authority practically useless. Arrangements should be made to permit managers of facilities to recruit and employ competent medical personnel.

Respectfully submitted.

JOHN P. FLANAGAN,  
Department Liaison Officer.  
ARTHUR H. FLESCHE,  
Department Adjutant.

DEPARTMENT OF INDIANA,  
VETERANS OF FOREIGN WARS OF THE UNITED STATES,  
Indianapolis, Ind., April 25, 1945.

JEAN A. BRUNNER,  
Commander in Chief, New York 16, N. Y.

DEAR COMRADE BRUNNER: Reporting on the hospitals, I find it very difficult to get direct information, especially at Marion, Ind. You cannot rely on the patients' testimony, but in a round-about way I find that some of the guards are quite brutal, and the only way to get direct evidence is for an FBI agent to go into the hospital as a patient. The food is good, recreation up to par, and as far as I can determine the medical service is good.

At the Veterans' Administration in Indianapolis, I find the help sufficient but inefficient. The food is good and the patients, as a whole, are well taken care of. Two different cases were called to my attention. One patient was there 10 days and received no medical attention. Had varicose veins which were broken, and he doctored himself until the other patients protested.

Another patient had pus on his kidneys, and all that they gave him were aspirin tablets to help the pain. As soon as this investigation was called, these people were taken care of immediately.

Another failing is that the patient with a service-connected disability is admitted before one who is not service connected, and there have been some cases which were exceptionally bad. These can be admitted immediately, as there is one ward in the hospital that has been closed for a year. It seems Dr. Hare in many cases show partiality.



Another complaint is in regard to the recreational manager, Miss Butts. It seems she does not understand the patients and is very contentious with them, and also with other organizations entertaining at the hospital. I have had several complaints from our own organization with the attitude she takes, and I fully believe that a man should hold this responsible position.

Mr. Moore, the manager, seems to be doing a good job, but has a large order.

These investigations are really worth while as they stir up the personnel and the services are excellent for a while.

Hoping this covers all questions, I beg to remain,

Yours in comradeship,

L. V. KING,  
Department Commander.

#### INDIANA (2 HOSPITALS)

Indianapolis Facility, Indianapolis, Ind.: General hospital, 345 beds.

Complaints: Undue delay in receiving ward; inefficiency of recreational director.

Recommendations: Administrative correction of above.

Marion Facility, Marion, Ind.: Neuropsychiatric hospital, 2,015 beds (committee report).

Complaints: Overcrowding; lack of waiting room for patients; location of canteen a fire trap; very high percentage of against-medical-advice discharges (this is nearly 40 percent, "mostly because relatives demand their discharge"); clinical arrangements poor.

Recommendations: Additional beds. (NOTE: An "undercover" investigation is recommended of alleged mistreatment of patients by attendants; naturally such allegations cannot be proved or disproved by any ordinary inspection, especially in view of the mental condition of complainants.)

(NOTE.—Particular attention is directed to the answer to question 7, as well as to the answer to question 27.)

#### REPORT ON CONDITIONS AT VETERANS' ADMINISTRATION FACILITY, MARION, IND.

(Investigating committee: Vernard E. Craigmile, commander sixth district, Department of Indiana, Veterans of Foreign Wars; Artie Lewellen, sixth district service officer, Post 266, Anderson, Ind.; Ralph Hines, sixth district service and commander, Post 2840, Portland, Ind.; Otis Blair, Post 651, hospital chairman, Muncie, Ind.; Robert Weeks, chaplain, Post 651, Muncie, Ind.)

*To Commander in Chief Gene A. Brunner, Veterans of Foreign Wars of the United States, and to Whomever It May Concern:*

We, the above members of the sixth district, do herewith submit our unprejudiced and unbiased report of our findings of our inspection of the Veterans' Administration at Marion, Ind., which we inspected April 18, 1945 between the hours of 10 a. m. and 5 p. m. To properly understand the general set-up, it is necessary to give you certain statistical facts of the Marion facility. This hospital is for veterans who have battle fatigue, mind cases, and general brain disorders and is under the command of Col. H. H. Botts, who is capable of the position which he holds. The facility is located in the southeast part of the city of Marion, Ind. It contains 299½ acres. Buildings cover 150 acres. It contains 21 buildings housing patients, covering about 40 acres. It was turned into a mental hospital in 1921; has 550 employees, 14 doctors, 2 dentists, 43 graduate nurses; has an emergency capacity of 1904 patients, general capacity of 1,721, and there are 1,800 patients in the hospital. Deaths of patients from January 1, 1944, to April 18, 1945, total 129. Patients released, discharged maximum benefits January 1, 1944 to December 1944 total 209. Discharged improved for same period 142. Discharged against the hospital doctor's advice 225 for the same period. Distance from building 46 (which houses more violent patients) to the administration building hospital No. 124 is one-half a mile. Other buildings are between that distance and three blocks. Ward attendants' wages are \$1,320 per year to a maximum of \$1,680 per year. Mess attendants' wages range from \$1,200 per year to \$1,500 per year.

## INSPECTION REPORT

At 10 o'clock we met with Col. H. H. Botts as prearranged, when we asked him several questions pertaining to the operation of the hospital and general questions listed in the report. He was very frank and accorded our committee the utmost courtesy, and at the request of the chairman of the committee assembled the doctors for a conference with the committee, and I will state that these doctors are on the job and were frank in their discussions pertaining to the operation of the hospital and care of the patients, and ways and means of operating this hospital more efficient. We journeyed through several of the buildings (old hospital) under escort of Lieutenant Colonel Bean. All of the buildings which we were in patients were being well cared for and attendants were on hand to assist patients in any way. They had books and magazines and attendants were lighting their cigarettes and pipes. Buildings were in a neat and orderly condition. Patients were in clean pajamas and attendants were all clean shaven and appeared in good spirits.

At the dinner hour we inspected the kitchen, dining room, bakery, vegetable storage, fruit storage and meat storage. In the dining room we found plenty of food, being served (seconds and thirds if the patients desired) condition was clean and neat. One attendant for every 9 tables. All persons working in any part of food service have health certificates. Menu of food included in this report. They serve 6,000 meals per day, including special food for special cases who can't eat everything. Kitchen was orderly and clean, with 10 cooks on 3 shifts under a chief cook, all women with hair nets over their hair, and the building was in a good state of repair, except some slight amount of paint over the canopy over cooking kettles. Equipment in good state of repair, and they have some more on order which should be set in, in the near future. The bakery was located under the kitchen in the subbasement, and was orderly and clean. We couldn't find any dirt anywhere. All the bread for this administration is baked there, using both hard- and soft-wheat flour. Meat: All beef was in a refrigerator and was grade A, and there was no spoiled or damaged meat in the place. It is all Government inspected. Pork is raised on their farm there and shipped to Muncie, butchered, Government-inspected, and returned to the hospital. Refrigerator was in a neat and orderly condition and spotlessly clean. Vegetable refrigerator was in an orderly condition, and I saw no spoiled food in there or in any of the other refrigerators we inspected. Refuse from the kitchen is kept in a refrigerator room and is removed three times a day. This room was clean and orderly. Hospital has a well-stocked library with several thousand books suitable for patients' reading, as well as a medical library for the reference of doctors at the hospital. All buildings in this administration are in good state of repair. Of course, some of the buildings dating back to after the Civil War, are not as suitable as could be for present conditions at the hospital.

Building No. 46: This building is one of the most important buildings. The most violent cases are housed and treated in this building. It is a fairly new building and is made similar to a hospital with several rooms on each side of a corridor and a sunroom on the end of the corridor. The more violent patients are kept in their rooms, which have a real heavy door with a round glass possibly 6 inches in diameter with no furniture, except an iron bed (this is necessary, as these patients are liable to do almost anything up to killing you). In this hospital they have several attendants on duty at all times, and several of the patients were in strait-jackets to keep their hands out of trouble, as they would break any furniture that they could, or do anything they could. All of these precautions are absolutely necessary. This building is in charge of a brain specialist, who, in our opinion knows his job and is doing a good job in helping several patients to recover. They have several treatments to relieve strained nerves, one of which is a warm-water treatment. The patient is placed in a tub of water heated to just the right temperature and allowed to stay in it for some time, after which he is wrapped in warm blankets and laid on a pallet where everything is quiet and the lights are dimmed so he might rest. This relieves tension on nerves. Another treatment is called the shock treatment, which is given only upon the consent of the nearest of kin. It consists of an electrical instrument with two electrodes which are clamped over the temples of the patients and a high voltage

with practically no amperage is given to him. This shoots an electrical impulse through the cells of the brain and has a healing effect. It numbs patients and they sleep 2 or 3 hours after. This instrument has an automatic cut-out in case of anything going wrong with the instrument. The doctor in this building is doing a good job and he discussed the cases freely with the committee, answering all questions.

Building No. 124: This being the newest building of the group, being the general administration building with the office of the manager and general hospital. This building was built without much consideration as to what is needed in a hospital. There is no waiting room for patients (out-patients from other buildings), no doctors' consultation offices, no waiting or visiting room for family of patients in the hospital; and the location of the dental clinic is not at all where it should be (that is, with a north lighting). Operating rooms: Two are of the highest type, both in equipment and location, and the surgical equipment is plentiful for most cases. One of the most modern pieces of equipment is a fracture table where a patient can be put in any shape for the setting of fractures. In this building we also saw what is furnished for the burial of patients who die in the hospital and are buried with the \$100 Government allowance. We will state that the casket was strong and really built, and the clothing was of a good grade. In my opinion, this is a real benefit to relatives who wish to take advantage of this service.

1. Question. Are there any general complaints on medical treatment and hospital care received by patients?

Answer. None that we could find out about.

2. Question. Has remedial action been taken by Veterans' Administration in these cases?

Answer. Yes; board meets attendant called before board for reprimand or discharge.

3. Question. What is your opinion of the relative standard of treatment in veterans' hospital as compared to State, county, and municipal institutions in the same area?

Answer. Very similar and very good.

4. Question. Does the manager, chief medical officer, or clinical head feel they have sufficient authority to run the hospital as efficiently as they might desire?

Answer. No; too much Government red tape and not enough authority to carry out proper administration of Veterans' Administration facility at Marion. Doctors in this hospital spend a good part of their time signing requisitions in triplicate for such items as toilet paper, etc., even Manager Col. H. H. Botts has to sign these requisitions, otherwise doctors spend lots of time on paper work that should be handled by a chief supply officer.

5. Question. Do they feel that there are undue restrictions and regulations under which they must function? If so, state in what way.

Answer. Answered in question No. 4, above.

6. Question. Do they feel that they have sufficient authority and latitude to employ competent doctors, nurses, and attendants?

Answer. No; they requisition them from the central office. If they get their O. K.'d, if they don't O. K. there should be 1 doctor to every 100 patients, and they should have at least 20 more graduate nurses. They need more attendants. I personally don't see how they have any on the low wages paid. I believe these attendants should be paid at least \$2,000 per year to start and up to \$2,500 maximum. They would be able to get a better man with more ambition to carry on the job, and a standing rule should be preference to the discharged veterans. This is not the practice today.

7. Question. Do they have encouragement and support in research, in participation in clinical meetings, symposium, medical lecture courses, etc.?

Answer. They do not. The doctors have a get-together once every 2 weeks on their time off and discuss anything for their own knowledge. They buy or rent their pictures (movies) showing any new treatment for patients. We believe there should be a regular course paid for by the Government which would include lectures and clinical meetings with specialists, on Government time, for the advancement of these doctors who are treating our disabled veterans.

8. Question. What definite complaints, if any, are there as to the quality quantity, variety, and preparation of food in veterans' hospitals?

Answer. None whatsoever. Food is good and wholesome, plenty of it, and is very favorable to the food in our local hospitals.



9. Question. Has there been any or are there any specific cases of alleged abuse or neglect of patients?

Answer. We couldn't find any. To find out anything of this manner it would be necessary for the Government to send in possibly three investigators with proper papers as discharged soldiers, to spend possibly 3 months in the hospital as patients. Patients are all feeble-minded, and one day they will tell you one thing and the next day something else. We would recommend that an iron-clad ruling be enforced to the effect that any attendant, doctor, nurse, or other employees be immediately discharged permanently for striking a patient in the hospital. Attendant would be allowed to hold patient only to keep him from hurting someone.

10. Question. Are the recreation facilities adequate?

Answer. Will state that they are away above par, with entertainment furnished by outside organizations, including floor shows and dances. Only complaint as to this department is that a man attendant be employed to assist director instead of a woman.

11. Question. Is the canteen service satisfactory, and are the prices charged veterans reasonable? If not, please describe.

Answer. Canteen is located in a dilapidated building (firetrap, should be replaced). Concessions are rented to an outsider. Prices are in between what you would pay in a regular store and a chain store (A. & P.).

12. Question. Are the medical equipment and clinical arrangement satisfactory?

Answer. Medical equipment is of the finest. Clinical arrangement is very unsatisfactory. No arrangement for out-patients. No waiting rooms. Doctors spend too much time running back and forth. This time should be devoted to patients. Buildings are from three blocks to one-half mile away. More system is needed whereby doctors will doctor patients and not be escort boys. Hospital should employ a foot doctor and another oral dental hygiene assistant. These men are needed badly now.

13. Question. Are the periods of hospitalization proper? Too long? Too brief?

Answer. Under the circumstances they are as short as possible. With the doctors spending a lot of their time as supply clerks and a lot of their time traveling from out-patients to the hospital.

14. Question. Do patients feel that they are required to remain in receiving wards too long before complete examination and treatment is started?

Answer. Patients are examined the same day they arrive or the next day. Their treatment starts the same day.

15. Question. How about cleanliness and neatness in the building and on the ground?

Answer. Excellent; I wouldn't want it any better.

16. Question. Is it felt that the discipline and morale of the patients are satisfactory?

Answer. Most all patients seem satisfied as to conditions (all want to go home, which is natural).

17. Question. Are the transportation facilities to and from the hospital adequate?

Answer. Satisfactory.

18. Question. Is the contact service considered satisfactory and adequate by VFW?

Answer. Satisfactory.

19. Question. How does the ratio of patients to full-time physicians, surgeons, nurses, and attendants in veterans hospital compare to that in State, county, and municipal institutions?

Answer. Not as many as in institutions of this kind. Should be 1 doctor for each 100 patients and several more nurses and attendants. There is a different set-up in veterans hospitals. Several patients are coming in regularly and several are leaving as cured. In regular insane hospitals, patients come and stay. Very few leave.

20. Question. Are patients too crowded? Is there sufficient floor space per patient?

Answer. Patients are too crowded. Need more beds, especially in day rooms.

21. Question. How do you find the discipline and morale of the hospital personnel? What are the complaints, if any?

Answer. We find the discipline very good, also the morale of the personnel of the hospital very good. No complaints.

22. Question. What is your recommendation as to the type and number of additional beds that may be required for the new load?

Answer. It is hard to judge what this load will be after the war. I imagine it will be very heavy. I believe there should be at least two new buildings to house at least 300 patients, also suggest that all patients in home who must stay there for a home be transferred to a regular soldiers' home, releasing their beds for more necessary patients. There is between 65 and 75 patients of this type in Marion Veterans' Administration facility.

23. Question. What percentage of patients are leaving hospital against medical advice? Why?

Answer. 39.06 percent. Mostly because relatives demand their release. Patients sent to Veterans' Administration for treatment, are discharged veterans and should be assigned with a notation on papers stating for further treatment, then patients would have to stay till cured.

24. Question. Could better personal care be furnished with a program of staff aides of WAC's trained in hospital routine, thus relieving nurses for more important duties?

Answer. We don't think WAC's would fit in the setting, except possibly trained personnel as laboratory technicians who are able to go ahead. No provision or time to instruct WAC or any other personnel in duties at the hospital. Personnel must be able to go ahead.

25. Question. What percentage of patients without dependents leave the hospital against medical advice, due to reduction in pension while being hospitalized?

Answer. Very small percentage, possibly none.

26. Question. Are there any complaints on the part of the patients regarding the lack of information given them as to their physical condition and advice as to future treatment upon being discharged from the hospital?

Answer. None that we could find out about. We believe doctors will give patients all the advice necessary when discharged from administration.

27. Question. What recommendation or specific recommendations would you offer as to medical treatment and hospital care of veterans in Veterans' Administration facilities.

Answer. Through this report, statements have been made as to a more satisfactory set-up in the Veterans' Administration, which we checked very closely. Some were to eliminate doctor's time as supply clerks, another to pay more wages to attendants so more and better attendants could be obtained. Give head of hospital more administrative authority without strings tied by higher-ups. Build more buildings, so Veterans' Administration can take care of a great increase in patients, which is bound to come when the war ceases. Hire a foot doctor to relieve doctors of that work. Have a male assistant or recreation director. Hire all discharged veterans who are qualified, in veterans hospitals. Give doctors a chance to learn more by having specialists lecture and furnish clinical training on Government time. Make the necessary changes in building No. 124 so it will be suitable to speed up treatment of patients there; waiting room, dental set-up, and doctor's consultation rooms. Last and not least, issue a permanent pass to district commanders of American Legion and to Veterans of Foreign Wars, so they can inspect any building at any time they desire to investigate and report of any wrong.

[SEAL]

VERNARD E. CRAIGMILE  
*Committee Chairman, Commander Sixth District*  
*Department of Indiana Veterans of Foreign Wars.*

ARTIE LEWELLEN,  
*Sixth District Service Officer, Post 266, Anderson, Ind.*

RALPH HINES,  
*Sixth District Service Officer and Commander, Post 2840, Portland, Ind.*

OTIS BLAIR,  
*Hospital Chairman, Post 651, Muncie, Ind.*

ROBERT A. WEEKS,  
*Chaplain, Post 651, Muncie, Ind.*

*Regular menu at Veterans' Administration Facility at Marion, Ind., week of April 16-22, 1945*

MONDAY, APRIL 16

**Breakfast:**

Stewed apples.  
Rolled oats.  
Scrambled eggs.  
Toast, butter.  
Coffee, milk.

**Dinner:**

Frankfurters.  
Baked sauerkraut.  
Hash brown potatoes.  
Bread, butter.  
Lemon meringue pudding.  
Coffee.

**Supper:**

Fricassee of beef with vegetables.  
Buttered egg noodles.  
Cold pickled beets.  
Bread, butter.  
Hot tea.  
Chilled green gage plums.

TUESDAY, APRIL 17

**Breakfast:**

Mixed fruit juice.  
Rice Krispies.  
Hot cakes, sirup.  
Bread, butter.  
Coffee, milk.

**Dinner:**

Baked veal loaf, Spanish sauce.  
Mashed potatoes.  
Buttered spinach.  
Bread, butter.  
Chilled peaches.  
Coffee.

**Supper:**

Cheese salad sandwiches on whole wheat bread with lettuce.  
French fried potatoes.  
Sliced dill pickles.  
Devils food cake.  
Milk.

WEDNESDAY, APRIL 18

**Breakfast:**

Stewed apricots.  
Cornmeal mush.  
Fried eggs.  
Toast, butter.  
Coffee, milk.

**Dinner:**

Sausage patties.  
Parsley potatoes.  
Breaded tomatoes.  
Bread, butter.  
Pineapples ice cream.  
Coffee.

WEDNESDAY, APRIL 18—continued

**Supper:**

Chili with red beans, crackers.  
Hash brown potatoes.  
Apple and cabbage salad.  
Bread, butter.  
Red cherry cobbler.  
Hot tea.

THURSDAY, APRIL 19

**Breakfast:**

Fresh grapefruit halves.  
Wheat flakes.  
Grilled bacon slices.  
Toast, butter.  
Coffee, milk.

**Dinner:**

Baked sugar cured ham.  
Candied sweet potatoes.  
Buttered new cabbage.  
Bread, butter.  
Cinnamon apples.  
Hot tea.

**Supper:**

Scrambled eggs.  
Baked potatoes.  
Head lettuce salad, thousand island dressing.  
Bread, butter.  
Filled buns.  
Coffee.

FRIDAY, APRIL 20

**Breakfast:**

Stewed rimes.  
Cream of Wheat.  
Hot cakes, syrup.  
Bread, butter.  
Coffee, milk.

**Dinner:**

Fried fish.  
Buttered potatoes.  
Fresh carrots and peas.  
Bread, butter.  
Butterscotch nut blanc mange.  
Coffee.

**Supper:**

Tomato soup, crackers.  
Cottage cheese.  
Browned potatoes.  
Bread, butter.  
Chilled pears.  
Frosted graham crackers, milk.



*Regular menu at Veterans' Administration Facility at Marion, Ind., week of  
April 16-22, 1945—Continued*

SATURDAY, APRIL 21

## Breakfast:

Stewed peaches.  
Cornflakes.  
Fried eggs.  
Toast, butter.  
Coffee, milk.

## Dinner:

Hamburgers, brown gravy.  
Mashed potatoes.  
Stewed corn.  
Bread, butter.  
Rice-raisin pudding.  
Coffee.

## Supper:

Boiled lima beans with ham hocks  
Breaded tomatoes.  
Cornbread, butter.  
Chilled fruit cup.  
Hot tea.

Submitted.

Approved:

SUNDAY, APRIL 22

## Breakfast:

Whole oranges.  
Oatmeal.  
Boiled eggs.  
Toast, butter.  
Coffee, milk.

## Dinner:

Roast beef and brown gravy  
Parsley potatoes.  
String beans with seasoning.  
Bread, butter.  
Cherry ice cream.  
Coffee.

## Supper:

Cold sliced bologna.  
Potato salad on lettuce.  
Rye bread, butter.  
White cake with orange icing.  
Hot cocoa.

H. H. BOTTS,  
*Colonel, Medical Corps,*  
*Manager.*

EVELYN I. BUECHLER,  
*Chief Dietitian.*

JUNE 4, 1945.

JEAN A. BRUNNER,

*Commander in Chief, Veterans of Foreign Wars of the United States,  
Washington, D. C.*

DEAR COMRADE COMMANDER IN CHIEF: I submit herewith the findings of a survey of veterans' hospitals in Iowa as directed in your letter of March 21, 1945. The survey was conducted by a committee selected by the council of administration. The answers as arranged in this letter follow the same sequence as those listed on the attached questionnaire furnished by you and apply to the veterans' hospital in Des Moines.

The nature of the treatment for patients in the Knoxville Facility makes the major portion of the questions unapplicable.

Conditions were found to be not too crowded.

1. Answer. No complaints were specifically stated.

2. Answer. None.

3. Answer. The relative standards of treatment in the veterans' hospitals appeared to be on a par with those of State, county, and municipal institutions in this area.

4. Answer. The consensus of opinion appears to be that the veterans' hospitals are hampered by too much lay interference and should be directed by men of the medical profession.

5. Answer. The greatest restrictions encountered by the doctors is too much paper work.

6. Answer. Yes.

7. Answer. Yes.

8. Answer. Food excellent.

9. Answer. No specific cases.

10. Answer. Recreational facilities too crowded.

11. Answer. Canteen facilities very inadequate.

12. Answer. Physical therapy inadequate, no occupational therapy.

13. Answer. Periods of hospitalization too brief under crowded conditions.

14. Answer. 95 percent of the patients feel they are required to remain in receiving wards too long before complete examinations and treatment are started.

15. Answer. Cleanliness of buildings and grounds O. K.
16. Answer. Discipline and morale good.
17. Answer. Transportation facilities to and from hospital very poor.
18. Answer. Contact service considered satisfactory.
19. Answer. Ratio of patients to full-time physicians and surgeons, nurses, and attendants much too many. More doctors and nurses needed.
20. Answer. This hospital is so overcrowded that proper care of the patients is greatly hampered. The facility was built to handle 393 beds. It is now crowded with 545 beds. There were 450 patients being hospitalized at the time of inspection. Floor space woefully inadequate.
21. Answer. All the hospital personnel feel that there are too many patients per person for proper care.
22. Answer. Committee estimates that the Des Moines Facility needs an addition of a minimum of 500 more beds immediately and that 250 of these should be adjustable beds.
23. Answer. Many patients leave the hospital against medical advice under present overcrowded conditions.
24. Answer. It is believed that cadet nurses if furnished would be far more helpful to the personnel than the addition of Wacs.
25. Answer. Patients not only leave the hospital against medical advice due to the reduction in pension while being hospitalized and many stay away from the hospital when they need medical attention for the same reason.
26. Answer. Complaints on the part of the patients regarding lack of information given them as to their physical condition and advice as to future treatment upon discharge from the hospital, is practically universal.
27. Answer. The committee recommends the formation of a Hospital Corps under the direction of competent physicians. It is recommended that civil service for VA doctors be eliminated and that more floor space and beds be provided at once.

Respectfully submitted.

ARTHUR S. BUCKNER.

*Commander, Department of Iowa, Veterans of Foreign Wars.*

Attest:

MAX W. VAN HORN,

*Adjutant, Department of Iowa, Veterans of Foreign Wars.*

#### MONTGOMERY, ALA., HOSPITAL

*Mail and record division.*—This division functions very poorly. Petty jealousies among the personnel are very common. Service officers report undue walking to and from file room for files that employees report erroneously are not at hand. Files are frequently lost for weeks or even months.

*Adjudication.*—Employment of additional stenographers to facilitate mailing out awards after same have been made.

The number of doctors on service with the out-patient department has not been increased, but the number of patients examined has increased practically eightfold in the past few months.

1. Answer. Considerable complaint on one doctor. Patients report only two baths per week. This should be increased by at least one bath. Patients were practically unanimous in praise of attendants and nurses except colored attendants.

Dr. Goodfriend: We recommend colored orderlies be replaced by whites. This hospital is located in Deep South. Patient says doctors should be good plow hands and left to plow.

2. Answer. None, so far as we know.

3. Answer. Veterans' hospital not up to par with State, county, and municipal.

4. Answer. We have no complaint that they have not.

5. Answer. Yes. Doctors overburdened with paper work and hampered by red tape. Doctors feel that they could handle many more patients if they were supplied with additional clerical help.

6. Answer. They have no authority to employ doctors.

7. Answer. They do not.

8. Answer. We interviewed dietitian, who says her allowance is 52 cents per day per patient. We feel that this is insufficient to give proper food. The dietitian further informs us she served past month 278 persons who required double allowance, but she received same for them as she did for others. Patients complain being served meat and eggs for breakfast on alternate days. We feel both should be served daily. The dietitian explained her allowance would not permit such. Patients fed from trays complain only one slice of bread fed daily at each meal is insufficient. We heartily agree and recommend that patients be allowed as much bread as requested.

We are told food is placed on tables. We suggest change to cafeteria style of serving. We find dietitian to be thoroughly conscientious. We recommend increase in allowance. We recommend entire colored personnel of kitchen and dining room be changed to white. Again we call attention to fact that this hospital is located in Deep South.

9. Answer. Attention is called to report recently made by national service officer in case of Joseph F. Crenshaw.

10. Answer. No. No games with two movies a week. PX inadequate.

11. Answer. Hospital built without provision for canteen. Space allotted wholly inadequate. All prices are approved by manager and posted on canteen walls. The concessionaire is a most conscientious person. He is a shell-shocked veteran of World War I. Concessionaire reports he has been advised by his physician to spend less time at canteen. He reports further his physician says he is headed for a nervous break-down if he did not do so. As a consequence he has been absenting himself from canteen, but has always left his wife in charge. He reports still further that he has been instructed by manager of facility to spend more time at canteen. He reports still further that the manager of facility has placed upon him responsibility of mopping and cleaning not only canteen but entire space covered by tables and chairs upon which his customers eat food sold in his canteen. (Space heretofore has been mopped by attendants of facility.) The concessionaire is of the opinion that not only space of table and chairs but entire canteen space should be cared for by facility employees. He believes discrimination is caused by his refusal to sell a physician Coca-Cola after supply had been exhausted.

12. Answer. Being laymen we would not like to pass upon medical equipment and clinical arrangement. We recommend removal of chief medical officer and entire diagnostic staff. Chief of out-patient service is most conscientious and feel his duties are performed entirely satisfactorily.

13. Answer. Too long.

14. Answer. Yes.

15. Answer. Yes.

16. Answer. Good. Yes.

17. Answer. They are not. We recommend a full-time employee be kept on duty at Union Station and Greyhound to whom incoming patients can report for transportation.

18. Answer. Most satisfactory.

19. Answer. Below par.

20. Answer. Too crowded. Insufficient floor space.

21. Answer. Fine. Among colored personnel it is poor.

22. Answer. Impossible to determine at this time.

23. Answer. No records of hospital to judge from.

24. Answer. No. No. No.

25. Answer. Very small.

26. Answer. Yes. We recommend patients be given information and advice upon leaving hospital.

27. Answer. (a) Removal all uniform doctors from duty as soon as possible. (b) Increase in pay to point where reputable doctors will be attracted to veterans' hospital. (c) Relieve ward surgeon OD duty. Employment of doctors for this service only. (d) Leave, with pay, for physicians taking postgraduate courses and attending clinical meetings. It is recommended physicians be required to do such. (e) Required that all doctors be required to meet the highest standards of the profession.

R. E. NIX,  
ELMO AYCOCK,  
JOHN L. FRAZER,  
Committee.



ALABAMA STATE DEPARTMENT,  
AMERICAN DISABLED VETERANS,  
*Tusculumbia, Ala.*

MONTGOMERY HOSPITAL

Contact office is capable and efficient.

Dental service of Dr. J. R. Miller is excellent.

Rating boards have four splendid men on them: Jesse Johnson, Major Weston, etc. They are fair and honest.

Mail and records room inefficient for several reasons: Clerical help as typists and stenographers should be considered as a technical group and rated as specialists; especially medical stenographers. We recommend local disbursing agent. Man should be placed in charge with minimum basic salary \$2,600.

Culinary department: Mrs. McFillin assistant dietitian is conscientious. Her limited amount of food served patients in mess hall is due to low per capita allowance of 52 cents per day per patient. No seconds on milk, meat, and dessert. Negro waiters should be removed here in the Deep South. High-calorie diet takes up most of the allowance of food served to patients. This diet authorized by physicians and therefore has to be altered by physician's order. Cold coffee has been eliminated recently by the use of warm containers and a plug-in to electric line upon arrival on wards.

Medical department: Patients' complaints as to physicians is varied. Some doctors are praised, while others who are ward surgeons "would make a lot of good plow hands". One or two baths a week when they desire "at least three." Observation period too long. Nurses and orderlies without an exception are well liked by all patients.

Canteen service as courteous as possible. Canteen manager has too small space and was instructed to do orderly work which he says the facility should furnish.

R. E. NIX,

*Chairman.*

ELMO M. AYCOCK,

*Department Adjutant.*

JOHN L. FRAZER.

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REPORT OF THE DEPARTMENT HOSPITAL COMMITTEE, DISABLED AMERICAN VETERANS,  
ON THE VETERANS' ADMINISTRATION FACILITY OF TUCSON, ARIZ:

1. Question: Are there any general or specific complaints on the medical treatment and hospital care received by the patients? If so, please describe fully.

Answer. The committee, after a complete survey of the patients of the veterans' hospital at Tucson, Ariz., find that there are no general or specific complaints on the medical treatment and hospital care received by the patients other than some minor complaints that can be satisfactorily handled by either the manager of this facility or the chief medical officer. There have been a few minor complaints and steps have been taken to correct these.

2. Question. Has remedial action been taken by the Veterans' Administration in these cases or others which may have been previously reported?

Answer. Remedial action has been taken by the authorities of the Veterans' Administration and satisfactory arrangements have been made in such minor complaints as have heretofore been made.

3. Question. What is your opinion of the relative standards of treatment in the veterans' hospitals as compared to the State, county, and municipal institutions in the same area?

Answer. The committee find that the relative standards of treatment in the veterans' hospital at Tucson, Ariz., are satisfactory without regard to comparison to the State, county, and municipal institutions in this State. This is a Disabled American Veterans committee and our concern is with veterans' facilities only.

4. Question. Do the manager, chief medical officer and/or clinical director feel they have sufficient authority to run the hospital as efficiently as they might desire?

Answer. The committee find that the manager, chief medical officer and/or clinical director are circumscribed by central office at Washington in their authority to run the hospital as efficiently as they might desire.

**Recommendation:** We are not speaking for the manager, chief medical officer, and/or clinical director, but are expressing the opinions of patients and the committee members that more latitude should be given the officers in the field so that in order to improve their service they do not run into central office regulations and restrictions.

5. Question. Do they feel that there are undue restrictions and regulations under which they must function? If so, kindly specify in what way.

**Recommendation:** Please refer to recommendation to question 4.

6. Question. Do they feel they have sufficient authority and latitude to employ competent doctors, nurses, and attendants?

**Recommendation:** The committee does not approve of the system employed by the Veterans' Administration in transferring incompetent and unsatisfactory personnel from one station to another without consulting the manager and chief medical officer of the station to which they are transferred. We feel that an incompetent employee should be discharged from the service at the station where he becomes incompetent and careless.

7. Question. Do they have encouragement and support in research, in participating in clinical meetings, symposiums, medical lecture courses, etc.?

**Answer.** Yes.

8. Questions. What definite complaints, if any, are there as to the quality, quantity, variety, and preparation of food in the veterans' hospitals?

**Answer.** The committee feels that there are no definite complaints as to quality, quantity, variety, and preparation of food in the veterans' hospital at Tucson, Ariz., with the exception that there is a lack of fresh vegetables served.

9. Question. Have there been or are there any specific cases of alleged abuse or neglect of patients?

**Answer.** No.

10. Question. Are the recreational facilities adequate?

**Answer.** Yes; if the facilities are made available to the patients.

**Recommendation:** More attention should be paid to veterans of World War II in regard to recreational facilities and the library.

11. Question. Is the canteen service satisfactory, and are the prices charged veterans reasonable? If not, please describe.

**Answer.** The committee finds that the canteen service is satisfactory at this hospital and that the prices charged the veterans is reasonable under present conditions. The delivery service to the veterans on the wards could be improved. The committee also finds that there is a growing sentiment among the patients in the Veterans' Administration facilities that the canteens should be put on the basis of the canteens in our armed forces, and, further, that these cooperatives should be run by some veterans' organization.

12. Are the medical equipment and clinical arrangements satisfactory?

**Answer.** Yes.

13. Question. Are the periods of hospitalization proper? Too long? Too brief?

**Answer.** The committee finds that the periods of hospitalization in the veterans' hospital at Tucson, Ariz., are satisfactory.

14. Question. Do patients feel they are required to remain in receiving wards too long before complete examinations and treatment are started?

**Answer.** No.

15. Questions. How about cleanliness and neatness in the buildings and on the grounds?

**Answer.** The committee feels that the cleanliness and neatness in the buildings and on the grounds is satisfactory.

16. Question. Is it felt that the discipline and morale of the patients are satisfactory?

**Answer.** The committee feels that the discipline and morale of the patients at this hospital are satisfactory.

17. Question. Are the transportation facilities to and from the hospital adequate?

**Answer.** The transportation facilities in Tucson are satisfactory. However, perhaps not enough care and instructions are given the patients who are transferred to this hospital for chest surgery.

18. Question. Is the contact service considered satisfactory and adequate by the Veterans' Administration?

**Answer.** The contact service at this hospital is considered adequate and satisfactory.

19. Question. How does the ratio of patients to full-time physicians and surgeons, nurses, and attendants in the veterans' hospital compare to that in State, county, and municipal institutions?

Answer. Please refer to answer to question 3.

20. Question. Are the patients too crowded? Is there sufficient floor space per patient?

Answer. Yes.

Recommendation: Since the remodeling of three wards in this hospital has caused the placing of seven patients per one-ward room, we considered this too crowded. The rest indicated for the proper recovery of tuberculosis is practically impossible in these rooms. The average patient carrying on his activities as he would in a single room naturally breaks the rest and morale of the other patients. Most of the members of this committee protested this remodeling at the time it was done.

21. Question. How do they find the discipline and morale of the hospital personnel? What are their complaints, if any?

Answer. The discipline of the hospital personnel is satisfactory but the morale of the personnel could be enhanced if they were paid more salary.

22. Question. What is your recommendation as to type and number of additional beds that may be required for the new load?

Answer. The committee recommends that immediate steps be taken to secure additional beds at this facility and that more beds be allocated to general medical and surgery cases.

Recommendation: First, the committee recommends that a modern, quiet, and semi-isolated surgical ward of not less than 50 beds be installed for chest-surgery cases, and that the present hospital be increased at least 500 beds for tubercular cases only. Second, since arthritides, asthmatics, residuals of rheumatic fever, and tropical-disease cases are being sent to this climate by the medical profession, and by recommendations being made by the medical officers of our armed forces, the committee recommends that a separate unit of not less than 500 beds be constructed on this reservation for these general medical and surgical cases. Third, the committee recommends that in both of these hospitals adequate space be provided for women patients who come to Arizona.

23. Question. What percentage of the patients are leaving the hospital against medical advice? Why?

Answer. 50 percent.

Recommendation: The committee feels that the stringent regulations laid down by the Veterans' Administration in regard to cures and arrests is responsible to a great extent for the large number of men who are carried on the hospital rolls as leaving the hospital against medical advice, and not enough attention is paid to the old motif of the ward surgeon being the family doctor of his men. In specialized hospitals there is not enough attention paid to the other illnesses of the patient from which he may be suffering.

24. Question. Could better personal care be furnished with staff aide program of Waes trained in hospital routine, thus relieving nurses for more important duties?

Answer. Yes.

25. Question. What percentage of patients, without dependents, leave the hospitals against medical advice due to their reduction in pension while being hospitalized?

Answer. Approximately 70 percent. The committee feels that a greater majority of the patients leave the hospital against medical advice because they feel that they want to spend their own money.

26. Question. Are there any complaints on the part of the patients regarding the lack of information given them as to their physical condition and advice as to future treatment upon being discharged from the hospital?

Answer. Yes. The patients feel that they should be given information as to their physical condition, if they so desire, and advice as to future treatment upon being discharged from the hospital.

27. Question. What general or specific recommendations would you offer as to the medical treatment and hospital care of veterans in Veterans' Administration facilities?

Recommendations: (1) Please refer to recommendations throughout this report which were made with particular reference to the question asked.

(2) Out-patient service: The committee recommends that the personnel assigned to out-patient service should be of the highest caliber, qualifications, and professional skill; that they should be picked for their personality and ability to get along with the patients; that the present restrictions and rules should be modified so that the doctors should increase their scope of work and medication in order that their service would be more satisfactory, and with this satisfactory service the cost to the Government would be decreased by the men



who under present conditions are forced to enter the hospital. The committee further recommends that the out-patient department be allowed the discretion of either giving out-patient treatment and furnishing medication for minor ailments rather than hospitalizing the man at the expense of the Government.

(3) Dental service: The committee recommends that all patients' teeth be examined and treated, if necessary, at least twice a year.

(4) Clinics: The committee feels that the Veterans' Administration might well follow the example and results they have had in regard to their cancer clinics and institute such research in clinics in regard to tuberculosis and other chronic conditions that seem to affect such a large percentage of our veterans.

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DEPARTMENT HOSPITAL COMMITTEE—DEPARTMENT OF ARIZONA—PHOENIX-WHIPPLE AREA

Members present: A. T. Anderson (vice chairman), George W. Tracy, and Thomas E. Thorpe.

REPORT OF INVESTIGATION OF WHIPPLE FACILITY, TO THE DEPARTMENT COMMANDER, MALCOLM HUFF, TUCSON, ARIZ.

Agency investigated: Veterans' Administration facility, Whipple, Ariz.

Dates of investigation: March 22-23-24-25-26, 1945.

Report received at department headquarters.

(Copy to Department Commander Huff; Administrator Veterans' Affairs; manager Whipple Facility; manager Tucson Facility; commander Whipple Chapter, No. 3, Disabled American Veterans; and the committee.)

COMMENT

The department commander of the Disabled American Veterans, Malcolm Huff, having his attention called to an article captioned "Third-rate medicine for first-rate men" appearing in the March issue of the Cosmopolitan magazine, written by Albert Q. Maisel, by the Administrator of Veterans' Affairs.

The commander directed this committee to visit the Whipple Facility, make a careful investigation and report to him. It was the duty of the committee to find out if any of the charges made in the article applied to the Whipple Facility.

The committee met at noon, March 22, and continued their investigations until 5 p. m., March 26.

The committee agrees that while there may be some justification for the article in regard to other facilities, they do not exist at Whipple. While there is always room for improvement in any institution, your committee found that with the exceptions noted in this report, this hospital was very well run, and patients are receiving good care.

After giving serious thought to the data which the committee obtained through the cooperation of the acting manager and the heads of all departments, they have compiled the following report of their recommendations.

The committee suggests that the chairman of the committee give a brief synopsis of this report to the Press in Arizona.

A. T. ANDERSON.  
GEORGE W. TRACY.  
THOMAS E. THORPE.

REPORT OF THE DEPARTMENT HOSPITAL COMMITTEE, DISABLED AMERICAN VETERANS, OF THE VETERANS' ADMINISTRATION FACILITY OF TUCSON, ARIZ., APRIL 1945

The veterans facility is a TB and GM medical hospital situated on the site of old Fort Whipple, Ariz., and is about 1½ miles northeast of Prescott, Ariz. The elevation at the hospital is about 5,300 feet. The 30 acres upon which the 50 buildings of the facility are located are surrounded by higher mountains. This gives the hospital a very scenic and beautiful site. The grounds around the hospital are attractively landscaped, and patients who are physically able enjoy this while taking advantage of the fine climate, fresh air, and sunshine.

The main hospital building which was completed in 1938 has a bed capacity of 288. This building is not adapted to the treatment of tubercular patients, having too few private rooms and no porches. It is well equipped and very clean. Build-

ing 14, which was renovated about 9 years ago, is now being used for TB patients and has a bed capacity of 105. This building needs an elevator, porches raised to the floor level of the wards, and the porches glassed in to make it modern. Buildings 12 and 13 are now being renovated to be turned into domiciliary barracks for approximately 140 beds. This committee feels that these buildings should be either condemned or put into first class condition for TB and general medical patients at once. We feel that with the tremendous load of TB's that will come to Arizona for climatic reasons, the Veterans' Administration should take immediate steps to prepare these buildings for that type of patient. The records of the Veterans' Administration will show that the only domiciliary homes which operate successfully are those located near large metropolitan areas, where the patients have access to the recreational facilities afforded by these areas. Prescott has only two theaters and "Whisky Row" to offer this class of patient for entertainment.

Bus service is maintained between the facility and Prescott at certain hours of the day, at half-hour intervals. Fare one way is 15 cents. Taxi service is also available.

As of March 23, 1945, 353 patients were being hospitalized at the facility. Broken down into periods of service, they are—

		<i>Average age</i>
World War I-----	(210)-----	52
World War II-----	(97)-----	31
Peacetime-----	(25)-----	43
Spanish-American War and Philippine Insurrection---	(19)-----	74
Others-----	(2)-----	--

To care for this patient load the facility is under the very capable management of Dr. Grover C. Daniel, assisted by a clinical director and 15 other doctors, 10 of which are commissioned in the AUS and assigned to the facility. However, two of these doctors are being transferred, with no replacements scheduled. One doctor is on leave, which will leave the facility with 13 doctors to care for an increasing patient load.

The dental service is under Dr. Kettner (captain, dental service AUS). The department is well equipped, but has need of a dental mechanic. Patients needing dentures must wait until these can be made at Tucson and this, in lots of cases, creates a real hardship for the patient. If a dental mechanic were stationed at the facility, men coming in for dentures could have them and be out in a few days, while under the present conditions they must wait weeks.

The nursing staff at present consists of 36 staff nurses and 3 head nurses. One chief nurse and 4 staff nurses are needed, to care for the patient load. This committee finds that patients are well satisfied with the nursing care, and speak very highly of the nurses as a group.

The pathological laboratory is staffed as follows: One laboratorian bacteriology, one assistant laboratorian bacteriology, one laboratory assistant.

The committee found that due to lack of help in this department it was necessary to send Wasserman specimens to Tucson, which means a delay of 10 to 14 days in some cases. One vacancy for a technician exists in this department and the committee feels that this vacancy should be filled at the earliest possible moment. While waiting for this technician to arrive it would seem to your committee that certain nonessential paper work could be bypassed and these tests made at the facility.

The occupational therapy department is under the charge of Miss Frances E. Browne, assisted by two occupational aides. The service is very diversified for TB and medical patients. The February report shows that 116 patients are doing some occupational therapy. Broken down, the figures are as follows:

Textiles-----	33	Music-----	3
Woodwork-----	6	Miscellaneous-----	41
Leather-----	33		

The department was found to be clean and well run. Materials are hard to get for some projects and the need of one academic and commercial aid is very definite. The committee was informed that central office has recommended a Mrs. Mary Anderson to fill this vacancy. Your committee feels that this is an important phase of rehabilitation and that every effort should be made to secure necessary materials and help.

A well-stocked library is maintained. At present this is being handled by the chief librarian. There is a vacancy for an assistant librarian, which should be filled at the earliest possible opportunity.

One social service worker psychiatrist is stationed at the facility.

The physical therapy department is well equipped but is lacking in adequate personnel. At present there are two technicians employed, 1 chief and 1 physical therapy technician. Request has been made to central office for two additional technicians. The committee feels that these vacancies should be filled at once.

The pharmacy is in charge of a competent and courteous pharmacist. Your committee found this department to be well stocked with sufficient pharmaceuticals, chemicals, and drugs. With a few exceptions, these supplies are purchased from the leading pharmaceutical manufacturers. Your committee did find some lines that were purchased on contract by central office from firms who are unknown to the trade. In case of special need for certain medicines or drugs not carried, these can be purchased locally.

The clinical record office is staffed with one clinical clerk, one eligibility clerk, three stenographers, 3 typists.

The turnover in the clinical records unit has been tremendous, approximately 20 in the last year have resigned or be reassigned. The reassignments have been unusually high due to the fact that this is the only department having CAF-2 typists, all other departments have CAF-3 grades. The oldest employee in the clinical records unit, exclusive of the clinical clerk, has been there 6 months. The number of positions allocated to the clinical record unit is adequate; however, the terrific turnover, necessitating continual checking, breaking in new employees, greatly retards the work in this department. All of the new employees, when assigned to this department, are unfamiliar with medical terms. Your committee wishes to compliment the clinical clerk very highly on the work that she has been able to accomplish with this type of help. We strongly urge that the grades for typists be raised to CAF-3.

Attendants: This is one of the real problems of the manager of the facility. There is a sufficient number provided for, but the class of people from which this group is obtained are as a rule uneducated and looking for some job to tide them over until something better shows up. As a result, there is a continuous turn-over. It could aptly be described in this manner—one crew going to work, one quitting, and a new one being broken in.

The people who can really do the job stay for a short time until they find something better, and in many cases quit on a moment's notice, and do not even go to the trouble of notifying the head attendant. We believe that there should be a definite wage increase in this group of employees.

Personnel as of this date (including 1 supervisor of attendants)-----	54
Number of vacancies-----	11
Male attendants-----	31
Female attendants-----	23

Your committee is of the opinion that there are too many female attendants and at least half of this number should be replaced by male attendants.

The utilities section is under the able management of A. W. Farley. His department is well run and the utilities under his care are well taken care of. His help problem is much the same as other departments; wage scale is too low to attract qualified personnel.

The supply department under Mr. Davis seems to be functioning well. Your committee was informed that he is able to buy most supplies needed without too much trouble. However, in the matter of priorities, there is in some instances a considerable lapse of time before these can be secured from central office. It would seem to your committee that these priorities could be expedited if they could be issued at an area office.

The X-ray department is under the supervision of Dr. Wilkiemeyer. Only one technician is on duty and in case of illness there is no one trained to take his place. Your committee feels that there should be another technician allocated to the facility.

We found the canteen well stocked with good merchandise at fair prices.

The dietetic service is under the supervision of Mrs. Moran, assisted by a staff of 2 dietitians, 10 cooks, baker, headwaiter, meat cutter, and 35 mess attendants. At present there are five vacancies—four additional attendants and one head dietitian to replace the recently transferred head dietitian. Male attendants 11, female 25. The committee found that the kitchens and storage space are very clean and well kept.

Raw-food cost for the month of February was found to be as follows:

Raw food cost per patient-----	\$0.618
Total ration cost per patient-----	1.298



The committee had some complaints among the patients in regard to coffee being cold, as well as hot cakes being served cold. Complaints were also received from wards 7 and 8 in regard to the way food was served on these wards. Your committee visited both wards and general mess while the food was being served and checked the tray carts on return, from one evening meal. Very little waste was observed. In some cases, where the food was not eaten, the patients were in the main very sick patients. Your committee feels that food could be served in a more appetizing manner on wards 7 and 8. The patients on these wards also complain about the quality of the soup, claiming that it is weak both as to stock and vegetables. This being a tubercular ward, your committee feels that if these men prefer a heavy soup for the evening meal, it should be served to those who are not, for dietetic reasons, forbidden this type of food.

Your committee found that meals were served in a period from 7:30 a. m. to 5 p. m. We feel that is too short a period of time between meals and that the supper hour should be set back at least 1 hour—until 6 in the evening.

After meeting with the chief dietitian and the acting manager, and taking up these complaints in regard to coffee, etc., your committee was given to understand that some changes would be tried to see that coffee be served hot by sending coffee up in separate containers.

Your committee feels that the tray service being used at this facility can never be made to operate successfully, under the present set-up. There are too many chances for a slip-up from the time that the food leaves the kitchen to the time that it is served in the wards. If carts are not hooked up to heat at either end, food is cold when it gets to the patient. The dietetic department has no control over the trays after they leave the kitchen.

The committee ate three noon meals at the personnel dining room. We talked with patients and in most cases the patients were satisfied with the food served. We found it to be well prepared and ample in quantity.

Your committee feels that there should be special attention paid to the tubercular patients in the matter of food. They have a long period of hospitalization ahead of them in most cases, and institutional cooking, even at its best, gets very monotonous. We would recommend that as soon as help is available, this type of patient who is on tray be given a contact tray, where he can have some choice of food.

It seems to the committee that the chief of this service puts too much stress on set rule administration rather than sympathetic human understanding.

#### RECOMMENDATIONS

We recommend that buildings Nos. 12 and 13 either be condemned or made into first-class hospital buildings, with separate dining room, kitchen, and elevators. That an elevator be installed in building No. 14.

That a dental mechanic be employed at this facility.

That another laboratory technician be employed at the earliest moment.

That an academic and commercial aide be assigned this facility as soon as possible.

That an assistant librarian be secured.

That at least two assistant physical therapy technicians be employed.

That wages of all employees be increased by at least one grade, especially those in the clinical records unit.

That an assistant X-ray technician be employed.

That a separate and new hospital be built in the State of Arizona for NP patients.

That the matter of priorities be speeded up, so that less time would elapse between application and return.

That a well qualified contact officer be assigned to this facility.

That restrooms be provided for visitors to the facility.

MALCOLM HUFF,  
*Chairman.*

C. C. BIERMAN,  
WILLIAM BURNS,  
JOHN BLACKAZ,  
P. D. COLEMAN,  
E. F. DEVLIN,  
I. R. DILLENDER,  
*Committee members.*

## REPORT OF CONDITIONS AT VETERANS HOSPITAL, LIVERMORE, CALIF., APRIL 26, 1945

1. Answer. The complaints received were the general complaints of patients having little else to think about but the daily hospital routine. There were no specific complaints.

2. Answer. There was no information available as to whether remedial action had been taken by the Veterans' Administration, nor were there such cases on record, specifically or otherwise.

3. Answer. We believe the treatment at the veterans' hospital at Livermore to be above standard of treatment as in State, county, and municipal institutions in the same area.

4. Answer. The manager of the veterans' hospital at Livermore feels that he has sufficient authority to run the hospital as efficiently as can be expected.

5. Answer. The regulations and restrictions under which the manager must function are the usual restrictions, and in no way hinder the operation of hospital routine.

6. Answer. Yes; the manager feels that he has sufficient authority and latitude to employ competent doctors, nurses, and attendants.

7. Answer. Yes; they do encourage and support, and have the encouragement and support, in research, in participating in clinical meetings, symposiums, medical lecture courses, etc.

8. Answer. The quality and variety of the food in the veterans' hospital is in many cases below standard. This is true because, first, the equipment is not new. The present kitchen is too small and outmoded, and should be enlarged with modern equipment. The kitchen was remodeled some time ago to take care of a limited increase in the number of patients. Since that time, the number of patients has increased to the point where the present facilities are not adequate to meet the demand. Secondly, the variety is naturally limited due to the war shortages. Thirdly, the preparation depends largely upon the inadequate facilities mentioned above, and is somewhat tasteless and unimaginative. Two specific complaints were received that insufficient precautions had been taken to guard the purity of the food, as evidenced by the discovery of insects in the food.

9. Answer. There have been no specific cases of abuse or neglect of patients in this hospital.

10. Answer. Inasmuch as the type of disease treated at this hospital restricts the participation of the patients in any physical recreation, the facilities are adequate.

Beds are equipped with earphones so that patients may listen to the radio. This, however, limits the program to one type for all patients, and is not entirely satisfactory. Complaints have been made, and the younger patients seem to think providing individual radios would be the answer. However, we believe this arrangement would be difficult, as well as expensive, and provisions would have to be made to prevent the individual radios from annoying the nervous patients. (See appendix I.)

The American Legion presents a show a month for the patients. This, however, does not answer the question of providing movies and entertainment for the bed patients. Ward movies have been suggested by this organization, but as yet no arrangements have been made to give them.

11. Answer. The canteen service is very satisfactory, and the prices reasonable. The canteen has recently been taken over by a regular drug firm, and two deliveries a day are made to the bed patients—at 11 a. m. and 1 p. m.

12. Answer. From personal observance, and from patients' reports, we believe that the medical equipment and clinical arrangements are very satisfactory.

13. Answer. It is difficult to judge the proper period of hospitalization in individual cases without medical training.

14. Answer. Naturally, due to prevalent wartime conditions, there is a shortage of medical aid and it may be that some patients are therefore forced to remain longer in the receiving wards than otherwise might be the case. There were no specific complaints.

15. Answer. The condition of cleanliness and neatness in the buildings and on the grounds is satisfactory. Employment of civilians and limited-service soldiers helps to maintain this condition.

16. Answer. Due to the nature of the disease treated at this hospital, the morale is not as high as that in other hospitals treating different disabilities. The discipline is very satisfactory.

17. Answer. The transportation facilities to and from the hospital are adequate. The busses leave the hospital for Livermore from 5:30 a. m., and continue with 5 busses in the morning and 9 busses in the afternoon, the last bus being the 11:30 p. m. The schedule basis is approximately one (1) round trip hourly. The cost of transportation is very reasonable.

18. Answer. Contact service by the VFW is very inadequate and very unsatisfactory, inasmuch as no one has ever seen a VFW representative at the hospital.

19. Answer. See answer 14 above.

20. Answer. There is insufficient floor space per patient, and crowding results. Reconversion of buildings has resulted in more bed space, but we believe that additional buildings for World War II patients are urgently needed.

21. Answer. The discipline and morale of the hospital personnel is of very high standard. No complaints.

22. Answer. We believe that the hospital could use to good advantage at least 250 additional beds for the new load of World War II patients.

23. Answer. As might be expected, there have been some few patients who disregarded medical advice and left the hospital for reasons not directly connected with the facility. Records were unavailable for any percentage report.

24. Answer. We believe that better personal care could be furnished with the staff-aide program of Wacs trained in hospital routine. Younger women would improve conditions and raise morale, inasmuch as they would more readily understand the problems of the younger men.

25. Answer. No information.

26. Answer. No specific complaints, excepting those few malcontents always present in any like situation.

27. Answer. We would recommend in regard to the Veterans' Hospital, Livermore, Calif., that facilities be enlarged to reduce crowding, that additions to the staff be made in order that more personal care might be received—especially the addition of Wacs under the staff-aide program, and approximately 30 or 40 corpsmen, more imaginative diets and menus, and more efficient and tasty preparation of meals. We believe that such changes would do considerable toward raising the patients' morale and quieting dissatisfaction.

It is difficult to recommend any feasible program of entertainment, and we are inclined to believe that satisfactory arrangements can be made eventually.

Respectfully submitted.

N. DENNIS PERKINS,

*Adjutant, Chapter No. 7, Disabled American Veterans.*

HOMER SWIFT,

*Adjutant, Bronson M. Cutting, Chapter No. 34, Disabled American Veterans.*

DANIEL A. MILLER,

*Commander-elect, Chapter No. 7, Disabled American Veterans.*

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DISABLED AMERICAN VETERANS, INC.,

*San Jose 22, Calif., April 13, 1945.*

In re hospital survey.

J. CLYDE TITTERINGTON,

*Senior Vice Commander, Department of California,*

*Disabled American Veterans,*

*Ontario, Calif.*

DEAR COMRADE TITTERINGTON: Your letter of April 5 at hand, and in reply will state that this matter was taken up in our meeting, and with quite an attendance no complaints were made.

I made a trip to San Francisco, and in connection with Fort Miley, will state that this institution is comparatively new, with the best equipment that could be secured, and much more than other hospitals in the area. The facility is clean and the treatment is good. Some complaints from time to time are made on the food, or I should say, the manner in which it is cooked and served.

My personal complaint is that veterans who are very sick are compelled to wait too long to be examined for the purpose of finding out if they are sick enough to be admitted.

The other is that I think that too narrow an interpretation of the law is made in a lot of cases. But when you consider that a short number of years ago the same people that are now complaining that the veteran is not getting the best



treatment were the first to holler that the Veterans' Administration treated and pampered the veterans.

Our hospital committee has been very active in the inspection and the way veterans are treated in the Palo Alto and Livermore facilities. Our views on these two facilities have been forwarded to General Hines some weeks past.

The committee goes to these two hospitals each week and we have many members of our chapter who are patients in them and we do not have any complaints on treatment. At one time the food situation was bad at Livermore but Past State Commander Rice and our committee made a personal call on Dr. Mannthen, the manager of the facility, and soon after that I attended the national convention in Louisville and told Dr. Mehl about this condition, and before we had returned to San Jose they had an inspector from the central office out there and he interviewed the patients and a change was made and since then we have had no complaints. We have on the average of about 10 members of our chapter in each of these two facilities and it is a small matter for them to pick up the phone and get their complaints registered.

The eye, ear, nose, and throat doctor at Fort Riley is very cocky and something should be done to quiet him down.

So such for the veterans' facilities, but when we come to the general service hospitals, well according to the patients in them, everything is wrong. We have Dibble General Hospital 22 miles from us. Camp Parks, Seabee base, and Camp Shoemaker, San Leandro Naval Hospital, Oak Knoll Naval Hospital, United States Naval Hospital, Santa Cruz, and Hammond General Hospital, all within 100 miles of us. This part of the program should be surveyed.

In talking this matter over with the department judge advocate, he stated that we should be very careful about any charges that could not be substantiated and backed up or we would find the organization out on the end of a limb.

In other words, Clyde, the general is right when he says that he has many very, very sick men to try and cure. You can't put a new heart and lungs in everyone that shows up with one foot in the grave.

Assuring you that it was a pleasure to be of help to you in this instance and if you need any more help kindly feel free to call on me.

I haven't always agreed with Administration or seen eye to eye with them on various issues but in this case I think the attack on the Administration, as far as this vicinity is concerned, is unwarranted and without foundation.

Yours in comradeship,

JOSEPH W. SPEDDING, *Adjutant.*

#### CONFIDENTIAL QUESTIONNAIRE

1. Question. Are there any general or specific complaints on the medical treatment and hospital care received by the patients? If so, please describe briefly.

Answer. None.

2. Question. Has remedial action been taken by the Veterans' Administration in these cases or others which may have been previously reported?

Answer. The few cases that have been reported in the past have been corrected.

3. Question. What is your opinion of the relative standards of treatment in the veterans' hospitals as compared to the State, county, and municipal institutions in the same area?

Answer. Much better.

4. Question. Do the manager, chief medical officer, and/or clinical director feel they have sufficient authority to run the hospital as efficiently as they might desire?

Answer. Yes. By the decentralization of authority to the field.

5. Question. Do they feel that there are undue restrictions and regulations under which they must function? If so, kindly specify in what way.

Answer. Restrictions have been removed by decentralization of authority to the field.

6. Question. Do they feel they have sufficient authority and latitude to employ competent doctors, nurses, and attendants?

Answer. Yes; nurses and attendants. No authority for doctors as yet. Doctors are assigned by central office.

7. Question. Do they have encouragement and support in research, in participating in clinical meetings, symposiums, medical lecture courses, etc.?

Answer. Yes. Assignment of doctors in special courses with recognized institutions will be of great assistance.

8. Question. What definite complaints, if any, are there as to the quality, quantity, variety, and preparation of food in the veterans' hospitals?

Answer. None. Menus changed daily.

9. Question. Have there been or are there any specific cases of alleged abuse or neglect of patients?

Answer. No.

10. Question. Are the recreational facilities adequate?

Answer. Yes.

11. Question. Is the canteen service satisfactory, and are the prices charged veterans reasonable? If not, please describe.

Answer. Yes.

12. Question. Are the medical equipment and clinical arrangements satisfactory?

Answer. At present, yes. Survey is now being conducted by the management to make better arrangements when expansion is necessary.

13. Question. Are the periods of hospitalization proper? Too long? Too brief?

Answer. Decision should be left in the hands of the attending doctor.

14. Question. Do patients feel they are required to remain in receiving wards too long before complete examinations and treatment are started?

Answer. No. Examination given upon admission to receiving ward.

15. Question. How about cleanliness and neatness in the buildings and on the grounds?

Answer. Buildings and grounds are clean and neat.

16. Question. Is it felt that discipline and morale of the patients are satisfactory?

Answer. Yes.

17. Question. Are the transportation facilities to and from the hospital adequate?

Answer. Streetcars are available to within two blocks of the hospital. Availability to hospital will be greatly improved if regional office is separated and placed in central portion of city. Would recommend some type of transportation direct to hospital as it is very inconvenient for sick men to walk the two long blocks uphill.

18. Question. Is the contact service considered satisfactory and adequate by the DAV?

Answer. Yes. Satisfactory at present. Contact officers increased from 4 to 32, 22 of which are in the field. Additional being requested.

19. Question. How does the ratio of patients to full-time physicians and surgeons, nurses, and attendants in the veterans' hospital compare to that in State, county and municipal institutions?

Answer. Much better.

20. Question. Are the patients too crowded? Is there sufficient floor space per patient?

Answer. First part, no. Second part, yes.

21. Question. How do they find the discipline and morale of the hospital personnel? What are their complaints, if any?

Answer. First part, good. Second part, generally, none.

22. Question. What is your recommendation as to type and number of additional beds that may be required for the new load?

Answer. At present utilizing beds at Fresno, DeWitt General Hospital; Hammond General Hospital; United States Naval Hospital; Mare Island; United States Naval Hospital; Shoemaker; Oakland Area Army Hospital; Marine Hospital. Will obviously be in need of additional hospitals in the very near future.

23. Question. What percentage of the patients are leaving the hospital against medical advice? Why?

Answer. About 7 to 8 percent, majority of whom are World War II sent here direct from Army or Navy hospitals for convalescence but seem to find that they can do same at home as they are anxious to get home.

24. Question. Could better personal care be furnished with staff aide program of WAC's trained in hospital routine, thus relieving nurses for more important duties?

Answer. Yes.

25. Question. What percentage of patients, without dependents leave the hospitals against medical advice due to their reduction in pension while being hospitalized?

Answer. In 1944 had 1,666 admissions, 107 of whom left hospital against medical advice. 30 were A. W. O. L. Find that the men who are A. W. O. L. were given 24-hour passes at their request and failed to return. Majority of the 107 were veterans of World War II who were transferred direct from Army or Navy hospitals and found that they could accomplish their convalescent period at home and therefore left the hospital against medical advice. It is hard to determine at present the reason men leave the hospital is because of the reduction in pension during the period of hospitalization while single or without dependents.

26. Question. Are there any complaints on the part of the patients regarding the lack of information given them as to their physical condition and advice as to future treatment upon being discharged from the hospital?

Answer. None.

27. Question. What general or specific recommendations would you offer as to the medical treatment and hospital care of veterans in Veterans' Administration facilities?

Answer. Separating hospital from regional office and placing administrative office in a centralized location of the city.

Also recommend increase in pay for lower classes of employees such as typists, etc., so that Veterans' Administration can compete with others for new help required.

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(Appendix II)

BEREA, VA., April 25, 1945.

Mr. DENNIS PERKINS,

*Adjutant of Chapter No. 7, Disabled American Veterans of Oakland,  
Oakland, Calif.*

DEAR COMRADE: I have not heard from you since I wrote that letter in which I stated that veterans should be sent, at the expense of the Government, to private hospitals if such hospitals are nearest to the home of the veteran.

I don't think that is such a shocking idea. I have spent quite a bit of money for private treatment because I preferred it to Government hospital treatment.

I expect you are informed in regard to the recent magazine article (I refer to the article in the April Reader's Digest) in which the writer stated that the veterans' hospitals had not made the progress in treatment that private hospitals had.

With my experience in both kinds of hospitals, I believe it is true. Of course, we know now that there is a shortage of help in nearly all hospitals, but the criticism is for the whole period since the First World War.

I believe there should be a congressional investigation of the Veterans' Administration. I have heard that General Hines has asked the service organizations to conduct an investigation of the Government hospitals. If the DAVs take part in this, I could tell a few things myself. Only the patients and employees of the hospital know all the facts.

When inspections are held there is always a tip-off. The doctors know beforehand. It seems that people are accompanied through the wards and there is very little chance for a private talk with the patients. I remember Elsie Janis visited a ward of which I was a patient. The doctor came with her and she objected to me that she had no chance to talk to the patients alone.

I think the veteran organizations can best serve the patients and the Government by demanding that the Government hospitals be as up to date as private hospitals. Book reports are not as important as the lives of the patients. And if there must be face saving, it should not be made at the expense of human life. We can have constructive criticism and correct the errors in the treatment of veterans.

I am getting along very well here. My best regards to you and my other comrades there.

Yours in comradeship,

BENJAMIN H. BURGESS.



SURVEY MADE BY DISTRICT COMMANDER SCHLAMM AND PAST DISTRICT COMMANDER  
BARRETT OF UNITED STATES HOSPITAL AT PALO ALTO

1. Question. Are there any general specific complaints on the medical treatment and hospital care received by the patients? If so, please describe briefly.

Answer. No.

2. Question. Has remedial action been taken by the Veterans' Administration in these cases or other which may have been previously reported?

Answer. None reported.

3. Question. What is your opinion of the relative standards of treatment in the veteran hospitals as compared to the State, county, and municipal institutions in the same area?

Answer. Favorable.

4. Question. Do the manager, chief medical officer, and/or clinical director feel they have sufficient authority to run the hospital as efficiently as they might desire?

Answer. Ample authority.

5. Question. Do they feel that there are undue restrictions and regulations under which they must function? If so, kindly specify in what way.

Answer. No.

6. Question. Do they feel they have sufficient authority and latitude to employ competent doctors, nurses, and attendants?

Answer. Doctors and nurses employed by central office; attendant local. Sufficient authority.

7. Question. Do they have encouragement and support in research, in participating in clinical meetings, symposiums, medical lecture courses, etc.?

Answer. Somewhat limited.

8. Question. What definite complaints, if any, are there as to the quality, quantity, variety, and preparation of food in the veterans' hospitals?

Answer. None.

9. Question. Have there been or are there any specific cases of alleged abuse or neglect of patients?

Answer. Yes; one attendant arrested, posted bail and jumped bail.

10. Question. Are the recreational facilities adequate?

Answer. Fairly so, but gym would help a lot.

11. Question. Is the canteen service satisfactory, and are the prices charged veterans reasonable? If not, please describe.

Answer. Yes.

12. Question. Are the medical equipment and clinical arrangements satisfactory?

Answer. Yes.

13. Question. Are the periods of hospitalization proper? Too long? Too brief?

Answer. Appropriate.

14. Question. Do patients feel they are required to remain in receiving wards too long before complete examinations and treatment are started?

Answer. Many patients want out the first day.

15. Question. How about cleanliness and neatness in the buildings and on the grounds?

Answer. Satisfactory.

16. Question. Is it felt that the discipline and morale of the patients are satisfactory?

Answer. Yes.

17. Question. Are the transportation facilities to and from the hospital adequate?

Answer. Yes.

18. Question. Is the contact service considered satisfactory and adequate by DAV?

Answer. Yes.

19. Question. How does the ratio of patients to full-time physicians and surgeons, nurses, and attendants in the veterans' hospital compare to that in State, county, and municipal institutions?

Answer. Better than State and county.

20. Question. Are the patients too crowded? Is there sufficient floor space per patient?

Answer. Somewhat crowded but not unhealthy or insanitary.

21. Question. How do they find the discipline and morale of the hospital personnel? What are their complaints, if any?

Answer. Very good.

22. Question. What is the recommendation as to type and number of additional beds that may be required for the new load?

Answer. Suggest a new hospital.

23. Question. What percentage of the patients are leaving the hospital against medical advice? Why?

Answer. About 1 to 2 percent. Not apparently crazy and won't stay.

24. Question. Could better personal care be furnished with staff aide programs of Waacs trained in hospital routine, thus relieving nurses for more important duties?

Answer. Yes.

25. Question. What percentage of patients without dependents leave the hospitals against medical advice due to their reduction in pension while being hospitalized?

Answer. None. Because of reduction in pension.

26. Question. Are there any complaints on the part of the patients regarding the lack of information given them as to their physical condition and advice as to future treatment upon being discharged from the hospital?

Answer. Not here among mental cases.

27. Question. What general or specific recommendations would you offer as to the medical treatment and hospital care of veterans in Veterans' Administration facilities?

Answer. About 3 extra doctors, about 20 extra nurses, about 6 extra aides, about 50 extra students.

Another hospital elsewhere and more buildings will be needed for World War II men and women.

MEL SCHLAMM,  
*Commander, Third District, Disabled American Veterans.*  
J. GENE BARRETT,  
*Past Third District Commander.*

DISABLED AMERICAN VETERANS,  
*Los Angeles, Calif., May 1, 1945.*

Report—Hospital Survey (Wadsworth).

JAMES A. WILSON,  
*Department Commander, Disabled American Veterans,*  
*Los Angeles, Calif.*

DEAR COMMANDER WILSON: Supplement to question 11, pertaining to the canteen service at James W. Wadsworth Hospital, Los Angeles, Calif.

Much criticism from hospital patients regarding the service by the canteen wagon, which in some cases has not made calls in wards for 4 days to sell cigarettes and other articles.

One reason seems to be that the canteen contractor pays very small wages for a man to push this cart, weighing several hundred pounds, through the hospital, and in consequence cannot get or keep efficient help. Clerks in the camp canteen receive only nominal wages.

The lunch room in the basement of the hospital operated by the same contractor is not kept clean and is usually very messy and does not have nearly enough space. Prices charged are about 10 percent more than in comparable establishments. It is understood that wages are far below the regular scale for this class of work as very few, if any, tips are given.

Prices on many articles in the camp canteen are from 10 percent to 20 percent higher than in comparable establishments.

A charge is made to cash Government checks by the canteen. It is recommended that this service be taken over by the American Red Cross or other agency.

A further recommendation is made that the canteen service be operated by the Veterans' Administration and that all articles be sold to hospital patients at cost plus overhead.

Respectfully submitted.

JOHN A. HEANEY,  
*Member, Department Rehabilitation Committee.*  
FRANK T. HATTREM,  
*Department Hospital Chairman.*

MAY 1, 1945.

Report—Hospital survey (re hospitals).

JAMES A. WILSON,

*Department Commander, Disabled American Veterans,  
Los Angeles, Calif.*

DEAR COMRADE WILSON: In three hospitals of the Army and Navy, veterans are being treated in this region. They include the United States Navy hospital at San Diego, United States Navy hospital at Long Beach, and United States Army regional hospital at Pasadena. It is my belief, from what I have been able to learn, that although the personnel of these hospitals are trying to co-operate, treatment accorded is not entirely satisfactory. There is a tendency, for instance, to discharge patients too soon, both following surgical intervention and in cases of other types. Medical personnel in these hospitals are naturally engrossed with treatment of service personnel, and pressure is being brought to bear upon them to release such personnel as soon as they can be returned to duty, which appears to necessitate, from their standpoint, leaving veterans to be treated as time can be found from their regular duties. Medical examinations from these installations probably are all right from a treatment standpoint, but too many of them do not measure up to the needs of rating boards in order to determine a true picture of extent of disability.

I have no recommendation to make along this line inasmuch as with conditions so crowded in Veterans' Administration hospitals it appears necessary at this time to use service installations. However, I am sure these veterans would be better off if they could be hospitalized in Veterans' Administration hospitals.

Yours respectfully,

CHARLES A. SLOANE,  
*National Service Officer.*

MAY 9, 1945.

## HOSPITAL SURVEY—GENERAL REPORT COVERING ALL FIVE FACILITIES IN CALIFORNIA

1. Answer. No present specific complaints by individuals from any of the facilities.

2. Answer. In previous cases prompt remedial action has been taken when specific complaints were made.

3. Answer. Compares favorably.

4. Answer. Managers and clinical directors have been hesitant to express themselves on this subject. Our impression is that they believe, in too many instances, they are required to obtain higher authority for actions which are of relatively minor importance.

5. Answer. Reply to question 4 would apply.

6. Answer. Present authority to employ nurses and attendants is satisfactory but means little because there is no available supply of such help. Doctors are assigned by the central office. We believe that the practice of requiring a transfer to another station upon receiving a promotion often results in a loss in efficiency.

We have heard a general complaint to the effect that in some cases doctors are not being employed in their highest skills. One instance of this is that of a Major Stern, now stationed at Livermore. He received training at San Fernando in thoracic surgery and was then promoted and transferred to Livermore, where he has had little of that work to do.

7. Answer. Yes, but not to same extent as in private or some other public institutions.

8. Only complaints heard in our visits to all the facilities was that food on trays for bed patients was not always hot. In some cases this is due to distance of wards from diet kitchens, but is chiefly due to insufficient or untrained attendants and mess attendants. Chief dietitian at San Fernando deserves commendation for high standard of meals there, under present conditions.

9. Answer. Not to our knowledge.

10. Answer. Yes; at all facilities except Wadsworth Hospital in Los Angeles, where patient load is too great for space assigned to recreational activities. Gymnasium facilities at the two mental hospitals would be desirable. We believe that the services of the chaplains at all facilities should be extended, and that more attention should be devoted by the Administration to this valuable aid in maintaining morale.



11. Answer. No complaints, except about charging for cashing checks.

12. Answer. In general, yes. In some instances more provision should be made for the comfort of patients while waiting their turn for clinical appointments, pneumothorax refills, etc.

13. Answer. Generally proper. Possibly too brief at present, due to heavy patient load at all facilities.

14. Answer. Yes. On this point we must disagree with several of our observers. Many patients in all facilities feel that the receiving periods are too long, and so expressed themselves. However, in many cases the receiving-ward periods are not actually too long; the patients think so because they have not been properly informed as to the necessity of clinical tests and observations before diagnosis and treatment.

15. Answer. Buildings and grounds as clean and neat as possible but not up to their prewar standards due to labor shortage. The situation is particularly acute at Livermore. The manager, chief nurse, and utility officer at Livermore are doing their best with the available help, and we have really done better than might be expected under the circumstances.

16. Answer. In the main; yes. Some patients are resentful that doctors and nurses are so busy that they do not receive the personal attention they think they should have.

17. Answer. Apparently adequate at most facilities. The walk uphill from the car line at Fort Miley is quite trying for invalids or disabled. Public transportation at San Fernando is barely adequate for patients and visitors; it is entirely inadequate and poorly timed for employees during gasoline rationing.

18. Answer. Yes; but here again the necessity for using untrained contact personnel presents a problem which can only be solved by time and experience. Los Angeles and Fort Miley are regional offices. There is not so great a need for contact service at Palo Alto. Contact service could be improved at Livermore; San Fernando now has a resident Veterans' Administration contact representative, and, moreover, the actively functioning units of the service organizations there perform valuable contact service as well as helping to maintain patient morale.

19. Answer. Favorably, but Veterans' Administration physicians and nurses have more paper work than in many other institutions, and this tends to reduce effect of this ratio.

20. Answer. All facilities full to capacity now but not overcrowded except a few wards in the general medical hospitals. No more beds should be added to any of them without additional new buildings.

21. Answer. Morale of personnel is fair, but lower than the prewar standard. Probably due chiefly to heavier work load. Nonprofessional personnel believe they are too poorly paid. Employees are resentful of what they term arbitrary treatment by the Employees Compensation Commission in cases involving injury or chronic disease incurred in line of duty. The military personnel assigned to Veterans' Administration facilities resent the character of their duty and are not of as much help as they should be.

22. Answer. We are unable to estimate the number of additional beds needed but sufficient general medical beds should be provided at once to care for the patients now sent to Army or Navy installations. An additional NP hospital and an additional TB hospital are urgently needed in California. We believe that if and when the latter are provided, a grading of patients according to severity of illness and type of treatment would be desirable. Battle-fatigue cases should not be in the same hospital with the actually insane. Minimal and quiescent TB cases could be better treated if separated from terminal cases or those requiring collapse therapy or thoracic surgery.

23. Answer. Percentage is low in general medical and NP hospitals but too high in the TB facilities. Due to long period of treatment necessary for TB, economic necessity in non-service-connected cases and the general feeling of instability among tubercular patients.

24. Answer. Yes; but only if recruited for that purpose. They should not be assigned as the military personnel now are. (See last sentence of answer 21 this report.)

25. Answer. Percentage unknown, but it is entirely too high. This is particularly true in the TB hospitals and of the veterans of the present war. Legislation providing for payment of the amount withheld when they are discharged with medical approval would overcome most of this and would be an additional safeguard to the public health.

26. Answer. Yes; probably due to overworked medical staffs.

27. Answer. Increase bed capacity in California; upgrade attendants and utility employees; give physicians more latitude in treatment and less referral of cases to boards; less paper work to doctors and nurses; less control by central office in minor matters; utilization of all personnel in their highest skills; legislation along line of suggestion in answer 25 above; Veterans' Administration training program for contact officers; separation of regional-office activities from the hospitals.

Respectfully submitted.

J. CLYDE TITTERINGTON,  
*Department Senior Vice Commander, National Executive Committeeman.*  
 S. VERE BATES,  
*Department Adjutant.*

LOS ANGELES, CALIF., May 1, 1945.

Report—Hospital survey (Wadsworth).

JAMES A. WILSON,

*Department Commander, Disabled American Veterans,  
 Los Angeles, Calif.*

DEAR COMMANDER WILSON: Questionnaire attached, containing questions from 1 to and including 27, answered in accordance therewith.

1. Answer. Patients feel that in some instances start of treatment is slow. Condition has been much improved recently.

2. Answer. Yes; insofar as is possible with present shortage of personnel.

3. Answer. Most favorable to the Veterans' Administration.

4. Answer. No. Authority of manager and chief clinical director too badly hampered by the insistence of central office on handling so many minor details.

5. Answer. Doctors and nurses both have to handle too much paper work and have little freedom of individual action.

6. Answer. Have no authority or latitude insofar as doctors are concerned, and never have had such authority. Have wartime authority to employ nurses. In peacetime doctors and nurses are ordered to stations by central office, after taking civil-service examinations. The manager and/or clinical director have nothing to do with the matter. Talked with veterans' organization officials, and with many who have been in the service of the Veterans' Administration for up to 20 years, and no one can recall any such authority being granted to the field. This is important as we frequently lose the service of good, competent professional personnel because they wish to practice near their home and not be transferred around the country. Lack of authority is again due to unnecessary centralized control.

7. Answer. The Veterans' Administration does not do pure research as such. Some men have done some on their own. Very little encouragement or support received from central office. If pure research is to be done in the Veterans' Administration, a Research Division will have to be set up under the Medical Director. In this hospital there is a very definite and sincere effort being made to keep abreast of new developments in the science of medicine. The staff is to be complimented in this matter. Veterans' Administration doctors are not recognized by local medical societies, and before any such doctors may attend meetings (except on his own time) it is necessary to secure permission from central office, which is another illustration of excessive central-office control.

8. Answer. Quality, quantity, variety, and preparation rate excellent. Complaints are so few in number as to be negligible. The chief dietitian and assistant chief dietitian (who are responsible for the operation of the department) are highly competent and have done an outstanding job under adverse conditions. The scale of salaries for mess attendants is not such as to attract the necessary good personnel. The occasional "cold tray" reaching a patient will cease when sufficient attendants are available.

9. Answer. Occasionally, as is to be expected in any institution as large as this one (more than 1,100 patients), the management would take immediate action on the report of any abuse.

10. Answer. No. Situation is largely due to lack of space inasmuch as this hospital is over the normal patient load.

11. Answer. No canteen service would be wholly satisfactory during the war.

12. Answer. Medical equipment satisfactory, but clinical arrangements are not so good, inasmuch as sick men are often compelled to wait hours, sitting on

benches somewhere, for X-ray examinations, laboratory tests, and other examinations.

13. Answer. Real effort is being made to properly care for the patient, yet not to keep him too long.

14. Answer. Formerly this was true, but the situation has now been greatly improved.

15. Answer. Excellent.

16. Answer. Yes.

17. Answer. Adequate within the institution but quite inadequate from the city.

18. Answer. Not at present, on account of the necessity of using untrained personnel.

19. Answer. Favorable to Veterans' Administration but still not fully adequate.

20. Answer. In some wards; yes. This was done at the request or order of central office. Also for humanitarian reasons, to try and care for the heavy patient load.

21. Answer. In general, good. There are not many complaints; the management is so well aware of this situation and in daily touch with the problem that central office should pay close attention to the reports from that source. Service personnel not satisfied; nurses quarters at Wadsworth inadequate and outmoded. We believe the national commander should insist that manager's reports be available in any conference with the Administrator.

22. Answer. Two thousand five hundred additional general-medical beds and at least 100 additional NP beds for female patients.

23. Answer. About 3 percent.

24. Answer. Yes; with training comparable to nurses-aid training.

25. Answer. Negligible.

26. Answer. Patients frequently think they should have more information. Doctors simply do not have the time to do so in all instances. This is another instance of too much central-office control.

27. Answer. Let the doctors practice medicine; let the nurses do nursing; get clerks to keep track of the number of pens, pencils, sheets, pillowcases, etc. The rigid supervision of central office in so many matters, not a few of which are petty, is a real problem, and further authority must be decentralized in order that local authority may deal properly with the human beings under their control.

Respectfully submitted.

CHARLES A. SLOANE,  
*National Service Officer.*

JOHN A. HEANEY,  
*Member, Department Rehabilitation Committee.*

FRANK T. HATTREM,  
*Department Hospital Chairman.*

MAY 1, 1945.

Report—Hospital survey (neuropsychiatric hospital, West Los Angeles.)

JAMES A. WILSON,

*Department Commander, Disabled American Veterans,  
Los Angeles, Calif.*

DEAR COMMANDER WILSON: Approximately the same situation exists in this hospital as in the Wadsworth general medical, except that the attendants are unwilling, limited-service soldiers. Some of them battle casualties from the fighting front who resent being sent to such duty and therefore are quite unsatisfactory in a good many instances.

We have no recommendation to offer inasmuch as shortage of personnel apparently makes necessary the assignment of servicemen to these jobs.

Respectfully submitted.

CHARLES A. SLOANE,  
*National Service Officer.*

JOHN A. HEANEY,  
*Member, Department Rehabilitation Committee.*

FRANK T. HATTREM,  
*Department Hospital Chairman.*



## REPORT OF SURVEY OF VETERANS' ADMINISTRATION FACILITY AT FORT LYON, COLO.

(Conducted by Robert A. Hicks, commander, department of Colorado, Disabled American Veterans; Brian J. Thorton, national service officer, Disabled American Veterans; and George Wright, Jr., member of Zebulon Pike Chapter No. 1, Disabled American Veterans, Colorado Springs, Colo.)

The above-mentioned committee, appointed by Department Commander Robert A. Hicks, visited the Veterans' Administration facility at Fort Lyon, Colo., on April 12 and 13, 1945. We were conducted on a tour of the hospital by the manager, Dr. (Col.) C. B. Shrout; the chief nurse, Mrs. Anette Sullivan; and Dr. (Maj.) Jackson. The committee desires to express its thanks and sincere appreciation to Colonel Shrout, Mrs. Sullivan, and Major Jackson, as well as to all others of the personnel for the uniform courtesy and helpfulness extended during the survey of this facility. While the committee is of the opinion that the questions numbered from 1 to 27 are not the best and not portray a true picture of conditions in a neuropsychiatric hospital, the answers given below are on the basis of the best information available as a result of this survey.

1. Question. Are there any general or specific complaints on the medical treatment and hospital care received by the patients? If so, please describe briefly.

Answer. This survey does not indicate that there are either general or specific complaints on the medical treatment and hospital care received by the patients.

2. Question. Has remedial action been taken by the Veterans' Administration in these cases or others which may have been previously reported?

Answer. Does not apply.

3. Question. What is your opinion of the relative standards of treatment in the veterans' hospitals as compared to the State, county, and municipal institutions in the same area?

Answer. The committee feels that relative standards of treatment in the Veterans' Administration facility at Fort Lyon are far better and the patients are given better individual supervision, more recreation and better parole conditions than would be found in the State, county, and municipal institutions in this area.

4. Question. Do the manager, chief medical officer and/or clinical director feel they have sufficient authority to run the hospital as efficiently as they might desire?

Answer. The answer to this question is "Yes." However, the committee feels that this is the only answer that one could expect either the manager or the clinical director to give a committee making an investigation such as this one.

5. Question. Do they feel that there are undue restrictions and regulations under which they must function? If so, kindly specify in what way.

Answer. The answer to this question is the same as for No. 4 with the same comment.

6. Question. Do they feel they have sufficient authority and latitude to employ competent doctors, nurses, and attendants?

Answer. The committee is of the opinion that it would be of no avail to put this question to the manager of the facility. We feel that the national service director and the national service officers throughout the country, by reason of their years of experience and knowledge of the facts concerning this question, are in a better position to answer this question. The national service officer for this area and member of this committee would answer this question in the negative and it would be on the basis of his personal knowledge of the way this matter has been handled and is being handled at the present time.

7. Question. Do they have encouragement and support in research, in participating in clinical meetings, symposiums, medical lecture courses, etc.?

Answer. The committee is unable to answer this question.

8. Question. What definite complaints, if any, are there as to the quality, quantity, variety, and preparation of food in the veterans' hospitals?

Answer. The committee inspected the dining room and kitchen during the time the patients were eating their noon meal. We heard no complaints regarding the food and it was our observation that the patients seemed to relish the food. There was sufficient food and it appeared to be served hot and that there was very little waste.

9. Question. Have there been or are there any specific cases of alleged abuse or neglect of patients?

Answer. While the committee was unable to learn of any specific cases of alleged abuse or neglect of the patients, we do know that, in cases of the type hospitalized in this facility, occasionally it is necessary to use force in subduing

these patients at a time when they are suffering with one of their attacks. We discussed this matter at great length with Colonel Shrout and he informed us that he, personally, had instructed all attendants, both the civil and military, as to the proper measures to be used when patients become violent. It is his belief that his orders and instructions are carried out and that when a patient becomes violent, he is subdued with the least possible harm. The committee was unable to learn of anything to the contrary.

10. Question. Are the recreational facilities adequate?

Answer. The recreational facilities are under the direction of Mrs. Sarah H. Bailey and one of the soldiers who is experienced in recreational activities has been assigned to her as a helper. They have a nice theater in which there were three movies per week until the first of April when they were reduced to two per week and they make two showings each movie day. This department conducts bingo parties in the wards and in the large lounge. Mrs. Bailey is now making preparations for softball and intends having interbuilding tournaments. Shuffleboard, horseshoe pitching, hiking, picnics, and community singing, all seem to attract a goodly portion of the patients. It is the opinion of the committee that the recreational facilities are adequate and well supervised.

11. Question. Is the canteen service satisfactory, and are the prices charged veterans reasonable? If not, please describe.

Answer. The canteen service is very satisfactory and the prices charged veterans are reasonable and, in most cases, below the posted ceiling price.

12. Question. Are the medical equipment and clinical arrangements satisfactory?

Answer. Dr. (Major) Mace conducted the committee through the operating rooms and it would appear that the medical equipment and clinical arrangements are satisfactory. Some of the equipment, such as the X-ray machine, is old but still serviceable according to Major Mace.

13. Question. Are the periods of hospitalization proper? Too long? Too brief?

Answer. The committee does not feel that they are qualified to answer this question. Colonel Shrout advised that he felt that the periods of hospitalization were proper.

14. Question. Do patients feel they are required to remain in receiving wards too long before complete examinations and treatment are started?

Answer. The committee does not feel that this question would apply to an NP hospital.

15. Question. How about cleanliness and neatness in the buildings and on the grounds?

Answer. The buildings, including the beds, bedding, toilets, and bathrooms were clean and neat and the grounds were in good shape, considering the fact that there is construction going on on the grounds at this time.

16. Question. Is it felt that the discipline and morale of the patients are satisfactory?

Answer. The discipline and morale of the patients seem to be satisfactory for patients of this type.

17. Question. Are the transportation facilities to and from the hospital adequate?

Answer. The Fort Lyon facility is located about 7 miles from the little town of Las Animas, Colo. Transportation for visitors and others depending upon public transportation is provided by an old, dilapidated bus which has a capacity of approximately 18 passengers and which operated between Las Animas and the hospital about 4 times each day. The committee feels that this service is very inadequate for persons desiring to visit the hospital and for employees of the hospital who have no other means of transportation but this bus. Transportation for patients is furnished by the hospital and is adequate and satisfactory.

18. Question. Is the contact service considered satisfactory and adequate by the DAV?

A. Very recently a full-time Veterans' Administration contact officer has been assigned to the facility. It is believed this contact service is satisfactory and adequate and will relieve the social worker of a great volume of contact work that was previously handled by her department.

19. Question. How does the ratio of patients to full-time physicians and surgeons, nurses, and attendants in the Veterans' hospitals compare to that in State, county, and municipal institutions?

Answer. The committee is of the opinion that the ratio of patients to full-time physicians, surgeons, nurses, and attendants in the Veterans' Administra-



tion hospital is much more favorable than is found in State, county, and municipal institutions.

20. Question. Are the patients too crowded? Is there sufficient floor space per patient?

Answer. The committee found that the hospital is in a very badly crowded condition. There is insufficient floor space per patient. We went through a number of wards where the beds were so close it would be impossible to walk between them unless one walked sideways. This condition was found in the sleeping quarters and these rooms are not used during the day, the patients being kept out in the recreation rooms during the daytime. We found the recreation rooms much too crowded and feel that conditions from this standpoint, that is, floor space and room space in the recreation rooms, are deplorable. The official bed capacity of this hospital is given as 879 patients. On the day we visited the hospital, the patient load was 1,023.

21. How do they find the discipline and morale of the hospital personnel? What are their complaints, if any?

Answer. The committee observed that the civilian hospital personnel had very few complaints to register. Those complaints that were registered had to deal with salaries and promotions. We had an opportunity to talk with several of the enlisted men who have been detailed to this hospital as attendants. In a number of cases we found that these men resented being assigned to the hospital as attendants, some of them after serving as much as 30 months overseas. There are 120 Army personnel in command of an officer of the Army assigned to this hospital to serve as attendants.

22. Question. What is your recommendation as to type and number of additional beds that may be required for the new load?

Answer. The committee feels that the national service director of the Disabled American Veterans and the Administrator of Veterans' Affairs have facts and figures that will make them better qualified to answer this question.

23. Question. What percentage of the patients are leaving the hospital against medical advice? Why?

Answer. Colonel ShROUT advised the committee that a very small percentage of patients were leaving the hospital against medical advice and that usually, in these cases, the patients were advised to leave the hospital by friends or relatives.

24. Question. Could better personal care be furnished with staff aide program of WAC's trained in hospital routine, thus relieving nurses for more important duties?

Answer. The committee is of the opinion that it would not be advisable to place WAC's trained in hospital routine in this type of hospital.

25. Question. What percentage of patients, without dependents leave the hospitals against medical advice due to their reduction in pension while being hospitalized?

Answer. The committee was advised that few, if any, patients leave the hospital due to their reduction in pension while being hospitalized.

26. Question. Are there any complaints on the part of the patients regarding the lack of information given them as to their physical condition and advice as to future treatment upon being discharged from the hospital?

Answer. The committee does not feel that this question applies in the case of NP patients.

27. Question. What general or specific recommendations would you offer as to the medical treatment and hospital care of veterans in Veterans' Administration facilities.

Answer. The committee would recommend that immediate steps be taken to eliminate the overcrowding of Veterans' Administration facilities; that for the present and until such time as additional hospitals can be erected, arrangements should be made for the hospitalization of veterans in private institutions and that the medical personnel of the hospitals be afforded the opportunity of taking specialized courses which will better fit them for the treatment of patients in their facilities.

Respectfully submitted.

ROBERT A. HICKS,

*Commander, Department of Colorado, Disabled American Veterans.*

GEORGE W. WRIGHT,

*Service Officer, Zebulon Pike Chapter, No. 1, Disabled American Veterans, Colorado Springs, Colo.*

BRIAN J. THORNTON,

*National Service Officer, Disabled American Veterans.*



DEPARTMENT OF CONNECTICUT, INC.,  
DISABLED AMERICAN VETERANS,  
Hamden, Conn., April 3, 1945.

MILTON D. COHN,

*National Commander, Disabled American Veterans,*

*Washington, D. C.*

DEAR COMMANDER COHN: In accordance with your letter addressed to State Commander John W. Long, dated March 21, 1945, the following committee was appointed to investigate the Veterans' Administration facility at Newington, Conn. (this is the only veterans' hospital in the State): John W. Long, State commander; John H. Clifford, national executive committeeman, second district; Chester W. Alling, department adjutant for the State of Connecticut.

The committee met at the facility, Newington, Conn., and were given carte blanche to make their own investigation as they deemed advisable. Accordingly inspection was made of all of the available facilities within the hospital.

*Ward E.*—Our first visit was made on this ward where most of the patients were suffering from ulcers and diabetes. Rooms were inspected. Dr. Sidney Fox was interviewed as well as the patients. The appearance of the ward was excellent. Rooms were clean, bedding was clean, and all of the patients to a man was satisfied. Questions were asked as to whether the doctor sees the patients every day and the response was that he sees them not only once but twice or three times and that he is available at all times at his office if they desire to discuss their condition with him. In fact, they spoke highly of the treatment given to them and were most emphatic as to the excellence of the food and the adequacy thereof. From the committee's observation there seemed to be sufficient nurses and orderlies. We observed the manner in which service was rendered the patients by these employees. Everyone seemed to be doing something. In fact, when we visited this particular ward, the doctor was making his rounds. He also corroborated the fact that he visits his patients not only once during the morning but several times during the day.

*Kitchen and dining room and dish washroom.*—We were more than pleasantly surprised at the cleanliness and the appearance of the dining rooms, despite the fact that we were making our inspection shortly after the breakfast hour. The patients had completed breakfast about an hour previous—our rounds being made at about 9 a. m. The thing that impressed the committee most was the fact that clean, white tablecloths appeared on every table with a bouquet of flowers in the center thereof. All clean dishes were set on a table preparatory to the dinner that was to be served at a later hour. Clean summer drapes already appeared on the windows; all of the chairs of the patients had clean colored cloth backs in red and blue, which brought out a hotel atmosphere and yet did not take away from the homelike appearance.

*Reception ward.*—Here we found Dr. John Prignano making rounds. We observed him within the course of 15 minutes interviewing two patients. He then proceeded to the third patient when called by the committee to interrogate him. One of the questions we asked and which will be included in our report is how long he kept a patient on the reception ward. His response was not over 3 days—that was the average. However, in some cases he stated it was necessary, in order to complete the diagnosis, that some of the patients were kept there a week—for example, if X-rays are needed or blood tests or other examinations, they were all made prior to the veterans transfer to another ward. He also stated that in acute cases the patients were immediately sent to the ward, for example, a man requiring an emergency operation would be sent to the surgical ward without having to be entered into the reception ward. This on the whole seemed to be most satisfactory as it reflected in the attitude of the patients. We also inquired of the patients on this ward as to whether or not they received the necessary treatment and each one to a man responded in the affirmative. In fact, some of them were quite happy about the fact that they were admitted to the hospital and they remarked that thus far everything seemed to be O. K. and we hope it continues as it is now. This seemed to be the general attitude in the reception ward.

*Library.*—There was a wonderful atmosphere surrounding the library. We found several of the patients reading books, papers, magazines, etc. An attendant was in charge. The appearance of this library was most enticing.

*Staff conference room.*—We found here a room adequately provided for staff meetings. In this room the staff meets and a paper is read every week by one of the physicians. More will be said about this later on in this report.

*Laboratory.*—We found the employees most diligently at work making various tests. The question was asked of the technician as to whether they were behind in their reports and the response came without any hesitancy that they were current and the reports were made the day they are requested. Everything seemed to be in very clean condition. The refrigerator was examined and found to be most sanitary. The technicians were dressed in white and their uniforms were very clean.

*Physiotherapy.*—Here we found several of the patients receiving lamp treatments and massages and all of the personnel seemed to be very busy. The equipment is adequate. In fact, the appearance of the equipment seemed to be almost new but in discussing this matter with the head of this department, she felt that it will not be too far away when the quarters will become inadequate. In fact, she feels that within a year the quarters should be doubled. We might make the recommendation here that provision should be made that adequate space be provided for this department. The appearance of both the physiotherapy and hydrotherapy departments was immaculate. The patients seemed to be enjoying their treatments.

*GU clinic.*—We found this room sanitarily prepared for use of the GU surgeon who was making his rounds on the ward preparatory to having patients brought down. In fact, before we left a patient was being brought into this clinic for treatment. In discussing this matter with the manager, Mr. Myer Schwolsky, and chief medical officer, Lt. Col. Thomas Preston, as to whether or not there is sufficient personnel in this department, they seemed to believe that a full-time GU man should be placed in this department as there is sufficient work for a full-time man. We therefore make our recommendation at this time that a full-time GU expert be furnished the Newington facility. This will improve this service immensely.

*Dental clinic.*—We found a very busy department. This is maintained by two dentists, one a captain and the other a lieutenant. They have a soldier from the detachment assisting and they also have a dental hygienist and one stenographer. The chief of the dental clinic felt that he could use two more chairs with two more dentists very easily. They are now doing the best they can. From the work that we observed and the finished product (and there were quite a good many) in the dental laboratory, it would appear that these men must be very busy in order to be in a position to have made up all the dentures that we observed. Then again in interviewing the chief dentist, we found that he has a great deal to do with dental ratings and this takes away a good bit of his time and accordingly only one dentist during that period of time is working on patients. They are doing a wonderful job but we feel that in order to keep this work up and give good service, that two dentists should be assigned to the Newington facility. We so make this recommendation.

We were very much impressed with the new lighting system that they have and the splendid appearance of the equipment. It is our understanding that they have made, within the past year, certain changes in the dental laboratory which has improved it immensely. As far as the appearance of the equipment was concerned, it looked most modern. However, we understand that several of the chairs are 10 or 12 years old but they have put new appliances on these old chairs which brings it right up to modern equipment. The appearance, as stated herein, made a most marvelous impression upon us as to cleanliness, appearance and equipment.

*Eye, ear, nose, and throat clinic.*—Here again we found a very well-kept clinic, although we noted that in several instances the small equipment looked fair and about the only new thing was the hearing device. The equipment for testing the eyes was the usual equipment. We were unable to discuss with the surgeon in charge whether or not he was lacking equipment but it appeared that it was well equipped. The eye, ear, nose, and throat physician was operating and therefore we were unable to interview him. However, we did find that this man has too much to do. He is on surgery in the morning and has quite a good many patients for both out-patient and in-patient treatments in the afternoon. Then again he must make his rounds on the ward. We urge strongly for additional help in this department. We found during the course of our conversation with the various officials in the hospital that it is necessary that this man's time be taken up with the preparation of cases for rating. We understand that an expert eye, ear, nose, and throat specialist comes out once a week or during cases of emergency, to perform the surgical operations for the eye. This is not sufficient if good service is to be rendered the veteran. However, in discussing the matter with the man-



ager, he informed me he has recently received authority for a former eye, ear, nose, and throat man to become a designated examiner and it is contemplated that he will be used on a fee basis in order to alleviate the condition. However, in addition thereto another eye, ear, nose, and throat man should be assigned to Newington, and it is so recommended.

*X-ray department.*—We found here that the patients were being taken care of as they came in. There seems to be no unusual delay here in having the men X-rayed. In discussing this matter with the head of this department, Dr. Clay Boswell, he mentioned the fact that the manager had already requested another technician which is most desirable. He also mentioned the fact that he needs another full-time stenographer which we understand has been requested. He feels that with this additional personnel he will be in a position to adequately take care of the patients. Insofar as equipment is concerned, both he and his technicians state that no hospital in the State, private or otherwise, have any more or better equipment; in fact our own observations indicated that most of the equipment in this X-ray department was new. The X-ray records were excellently kept and everything seemed to be in order. We were also pleasantly surprised at the cleanliness in which the pharmacy was maintained.

*Pharmacy.*—We observed here that the bottles were all free from dust and that the pharmacist seemed to be very busy. In fact, after discussing this matter with him he stated that he felt he should have an assistant. We were rather surprised that only one man took care of the pharmacy. We noted the amount of the prescriptions he was preparing and we as a committee feel that assistance should be given him and we therefore recommend that an assistant pharmacist be provided for this facility. The man in charge of the pharmacy, Mr. William H. Burke, is doing a splendid job. He is alert, knows what it is all about and was most busy at all times during our appearance.

In fact, this committee desires to state right now that our observation throughout the entire hospital seemed to be alertness and everyone attending to their own business.

*Surgical service.*—We found this ward to be very clean; the nurses seemed to be on the job. We interviewed many, many patients on this ward and all to a man were satisfied as to treatment and praised the efforts of the surgeon on this ward for what he has accomplished for them. We noted several of the patients who were recently operated upon and all seemed to be doing very nicely. We inquired as to the food and the adequacy of the food and all to a man stated that it was of the highest order and more than enough. In fact, one patient stated he had gained 30 pounds. We then visited ward B which is also another surgical ward and there we found the doctors busy and the nurses were attending to the patients. They all seemed to be on their toes. We then went into the surgical suite. We found both operating rooms in use and the surgeon was finishing an operation and the nurses and attendants were all doing their part. This suite definitely is inadequate for the amount of surgery performed at the veterans' facility, Newington, and we understand from the manager that under the new building program adequate provision has been made for a complete and modern surgical suite. The committee hopes that the picture presented to the committee by the manager will become a reality. We visited the patients on the wards, spoke to them and received not a single complaint from any of the patients. In fact, they were praiseworthy for the treatment they were receiving. They were seen by doctors every day and all of them seemed to be getting along in very good shape. We inquired again as to the food and the type of food being given to them and whether it was adequate and the response all came with brightened faces, to the effect that the food was par-excellence and that they had no complaints to make.

*Ward A.*—This is a general medical ward and has cardiac cases, with Dr. Michael C. Messina, chief of the medical service and Dr. Morris Dressler in charge. We found conditions most excellent. The ward was maintained to the highest degree of sanitation and cleanliness. Here again we found the patients all satisfied; all agree that the food was good and plenty of it. We heard some very complimentary remarks concerning their treatment. They were seen every day and the physicians and nurses were most kind to them.

*Ward F.*—We then went to ward F where there were a great many psychoneurotics. Here again we found it very well maintained. Two doctors were on this ward and there seems to be plenty of nurses and the patients as a whole seem to be very well satisfied. Here of course we met for the first time some of the patients who did not know whether they were satisfied that they were



getting better. They had no particular complaint to make but we felt that their reluctance to say anything was due to their mental condition. On the other hand, many patients on this ward were very much satisfied, and spoke in the highest terms concerning the food and the amount thereof.

*Canteen and recreational building.*—We spoke to the proprietor of the canteen and we found that upon looking over his prices for foodstuffs and articles that they were not higher than anywhere around the vicinity. They seemed to be reasonable. We also inquired as to his charge for cashing checks for the patients and we found he cashed checks for \$10 or less for nothing and over \$10 he charged 10 cents per check. He maintains that loss of time and the charge made to him by his bank amounts to \$0.04 to \$0.05 per check.

We then visited the recreational room and the auditorium and found a very pleasant auditorium. We also looked over the program and found that 10 nights of the first 15 in April were taken up by most splendid programs of a high degree of entertainment. Two nights per week movies are furnished by the Veterans' Administration facility at Newington and the patients all enjoy entertainment. In fact, one patient mentioned that the show presented on April 2 was worth \$2 per man. The patients were very much impressed with the type of entertainment furnished at this hospital. They have plenty of it. The reason we mention the first 15 days of April was because the program for the latter part of the month was not made up but it was also outstanding, and was completely filled. The veterans really have a most enjoyable time here. One of the things we observed and that was the seating capacity of the auditorium. It will soon be inadequate. The stage is altogether too small for large productions; in fact, at a recent production a great deal of effort had to be made to remove the curtain and loud speaker in order to provide adequate space for the entertainment. It is believed that some steps should be taken by the management or central office of the Veterans' Administration in adding to this construction to provide for more patients and that a larger stage be built. This can be easily done with the present structure. If this was accomplished we are certain quite a number of professional shows could come out and give entertainments at this hospital. This is a recommendation and we would like to emphasize that recreation is a very important function of the facility.

This, in a general way, are the conditions found at the Newington Facility. We were most agreeably impressed with the entire attitude of the patients concerning the manager and chief medical officer and his staff. Many of the patients referred to the manager as their friend and there seemed to be a most friendly relationship between the manager and the patients.

Answering the questions in the sequence in which they have been propounded, the following is the information we have obtained, both from observation and inquiry.

1. Question. Are there any general or specific complaints on the medical treatment and hospital care received by the patients? If so, please describe briefly.

Answer. Please refer to the first part of this report wherein the committee has stated repeatedly that no complaints have been received during our inspection of the hospital from any of the patients. In fact, the patients spoke in the highest degree of the treatment afforded them.

2. Question. Has remedial action been taken by the Veterans' Administration in these cases or others which may have been previously reported?

Answer. Whenever remedial action is necessary the manager and the chief medical officer take definite action to bring about the necessary change. In view of the fine regard that the patients have for the treatment given to them it does not become necessary to take remedial action.

3. Question. What is your opinion of the relative standards of treatment in the veterans' hospitals as compared to the State, county and municipal institutions in the same area?

Answer. Our opinion of the relative standards of treatment in veterans' hospitals as compared to the State, county, and municipal institutions is superior to that of private or other institutions. The treatment rendered in veterans hospitals is comparable with the finest hospitals we have in the State.

4. Question. Do the manager, chief medical officer and/or clinical director feel they have sufficient authority to run the hospital as efficiently as they might desire?

Answer. The manager and chief medical officer both feel that whatever restrictions are now made by central office or are in existence, do not affect the running

of the hospital to any degree of inefficiency. In fact, they feel that central office has given them at the present time splendid cooperation.

5. Question. Do they feel that there are undue restrictions and regulations under which they must function? If so, kindly specify in what way.

Answer. See answer 4.

6. Question. Do they feel that they have sufficient authority and latitude to employ competent doctors, nurses, and attendants?

Answer. Both the manager and chief medical officer state that there is sufficient authority to employ competent doctors, nurses, and attendants but there is some difficulty in obtaining them, particularly doctors and attendants. It has occurred to this committee that if the salary range of the doctors was increased there might be a better opportunity of getting more doctors.

7. Question. Do they have encouragement and support in research, in participating in clinical meetings, symposiums, medical lecture courses, etc.?

Answer. The committee states that in discussing this matter with most of the doctors, they advised that they would like to attend the clinics, symposiums, etc., particularly where these meetings are out of the State and where some of them take place for a week or two, that they cannot afford to pay for the expense necessary in attending and therefore if central office would pay for the expenses necessary in attending these meetings they would be glad to attend. It is believed by this committee from their investigation of this subject that while the medical men receive encouragement to attend these meetings they are unwilling to pay out of their pockets for attending. There seems to be a great deal of laxity on the part of the physicians in doing so for this one reason.

8. Question. What definite complaints, if any, are there as to the quality, quantity, variety, and preparation of food in the veterans' hospitals?

Answer. As far as this committee was able to elicit from the patients, they were unable to obtain one single complaint as to food. In fact your committee partook of the same dinner given to the patients and they have the highest praise for the manner in which it was cooked, the manner in which it was served, and the type of food served. We had also an opportunity to have observed the food in preparation in the kitchen and we noted the high grade of meat, vegetables, and other victuals furnished both to the regular diets and the special diets. We also visited the butcher shop and checked the refrigerator and for ourselves observed the high quality of meat furnished the patients. We can well understand why we did not receive a single complaint. We can add that we have never been served a better meal in any hotel or in our own homes than was given to the patients here, and of which we individually partook. We also watched the carts while they were being heated in order to transport the food to the patients who were not ambulatory and who had to be served on the wards. Particular precaution was taken to see that the food was served palatable and sufficiently hot. As to the quantity and quality, they were served with seconds and third helpings if the patient so desired.

9. Question. Have there been or are there any specific cases of alleged abuse or neglect of patients?

Answer. Insofar as the committee was able to observe on this date of investigation, we could see no abuse to the patients. They were well satisfied.

10. Question. Are the recreational facilities adequate?

Answer. Please see the first part of our report. We feel that the recreation building should be enlarged, the stage should be increased in size and height and more space should be provided for patients who are anticipated to arrive at this facility.

11. Is the canteen service satisfactory and are the prices charged veterans reasonable? If not, please describe.

Answer. The committee has made mention of their visit to the canteen. We have also mentioned the fact that the prices are as reasonable as those charged in and around the vicinity and we understand that the manager has kept his eye on the prices and on occasion has questioned the rise of prices. In fact on one or two occasions he had the concessionaire reduce the price over the objection of the canteen owner. He has a variety of food and sufficient help to serve the patients whatever they require.

12. Question. Are the medical equipment and clinical arrangements satisfactory?

Answer. Insofar as the committee was able to determine the equipment and clinical arrangement seem to be most satisfactory. However, there is one recommendation the committee desires to make and that is that a new operating



table be furnished for the surgical suite. The one now in use is inadequate and should be declared surplus.

13. Question. Are the periods of hospitalization proper? Too long? Too brief?

Answer. The committee does not find that the period of hospitalization is too long nor is it too brief. In interviewing several of the patients who were ready to be discharged after major operations had been performed, it seemed that they had only been in the hospital 4 weeks and were ready for discharge. This seems to your committee as a proper period of hospitalization. The turn-over at this facility has been very large and indicates that the patients are properly hospitalized and for the proper time.

14. Question. Do patients feel they are required to remain in receiving wards too long before complete examinations and treatments are started?

Answer. The committee has made a statement in the fore part of this report and finds that treatment on the reception ward is immediately commenced upon the arrival of the patient and the necessary prerequisites to transfer to the various wards is arranged for. They are not kept too long on the receiving ward.

15. Question. How about cleanliness and neatness in the buildings and on the grounds?

Answer. The committee has made mention of the cleanliness and neatness of the buildings and surrounding grounds in the fore part of this report but it desires to mention again that Newington is a beauty spot in Connecticut. The grounds are kept excellently and beautifully. The buildings inside are maintained well. The appearance of the entire hospital, inside and outside, is most excellent. In fact, the management should be congratulated on the manner in which they are maintaining the facility.

16. Question. Is it felt that the discipline and morale of the patients are satisfactory?

Answer. The committee has also mentioned in the fore part of its report that the discipline and morale is of the highest; the patients are enjoying themselves here and receiving excellent treatment.

17. Question. Are the transportation facilities to and from the hospital adequate?

Answer. Transportation to the hospital seems to be adequate. The bus leaves Hartford on the quarter past the hour from Hartford and 10 of the hour from the facility grounds. The bus is permitted to come into the grounds and discharges its passengers in front of the main building. In the morning the bus leaves from 6 o'clock and also leaves Hartford on the half-hour until 8:15 and thereafter hourly. A special bus leaves on Saturday afternoon at 3:15 from the hospital. This is in addition to the regular bus. On Sundays, two busses arrive at the same time so as to provide sufficient transportation for all those desiring to visit the hospital.

18. Question. Is the contact service considered satisfactory and adequate by the DAV?

Answer. The contact service is most adequate. There are five contact officers presently serving the State and three more to be added. We also have four contact representatives in the regional office. One of the best features of the contact furnished is that one full-time contact officer visits each ward each day and discusses the cases with the patients. In addition thereto they follow through on all permanent and total cases. This service is excellently handled by the Newington Facility.

19. Question. How does the ratio of patient to full-time physicians and surgeons, nurses, and attendants in the veterans' hospital compare to that in State, county, and municipal institutions?

Answer. This is most difficult to answer in that, with the exception of the mental and TB institutions, there are few doctors on a full-time basis at the various municipal or private institutions. For the most part these hospitals have physicians on a rotation system and, of course, the wards and those not having private physicians are served by these men. It is believed, however, that the ratio of patients in veterans' hospitals at the present time are about equal to those furnished in private and State hospitals. On the other hand, the Veterans' Administration Facility at Newington has a normal capacity of 336 beds with an emergency bed capacity of 473 all told. They have reached a maximum patient load of 380 patients at times and then refused to take in any more because they felt that the staff could not take care of them. However, if it is expected to permit 473 patients as an emergency measure at Newington



then it requires more nurses, more doctors, more attendants. The nursing staff here at Newington is far better than at any institution in the State. Almost all of the hospitals are short of nurses. Recently the manager requested authority for nine more nurses and this has just been granted. With these nine extra nurses being placed around strategically the nursing situation will be adequate. At Newington they have 77 soldiers in a detachment which is giving good service. There is, however, a shortage of civilian attendants.

20. Question. Are the patients too crowded? Is there sufficient floor space per patient?

Answer. When inspecting the hospital we found that there had been in several places extra beds placed therein but the committee feels there is sufficient floor space per patient, in fact, the condition of the particular ward did not seem to be overcrowded to the slightest degree. If we were not shown the extra beds we would not have known there had been any extra beds placed in these wards.

21. Question. How do they find the discipline and morale of the hospital personnel? What are their complaints, if any?

Answer. The committee was unable to list any complaint from personnel. About the only complaint made was made by one physician that he desired to move back to his home and he would like to receive more money. He feels that he should have at least a majority.

22. Question. What is your recommendation as to type and number of additional beds that may be required for the new load?

Answer. We have been given to understand that under the new construction which will not be completed before the latter part of 1946, that there will be an additional bed capacity of 218. We personally feel that 500 beds should be added to Newington. The list of casualties as furnished by the newspaper indicates that Connecticut is going to be busy in behalf of disabled veterans. Insofar as we are able to learn, no provision has been made for women patients and we strongly recommend that no provision be made in the new structure of 218 for women, but if the 500 beds addition is approved, that at least 75 beds be made available for women. We also recommend that if this takes place, a separate building should be constructed.

23. Question. What percentage of the patients are leaving the hospital against medical advice? Why?

Answer. In discussing this matter with the manager and chief medical officer, they have shown the following statistics:

Number of patients discharged January 1 through December 31, 1944, 77 (World War II veterans, 40):

Reasons for discharge: Against medical advice:

Illness in family-----	7
Miscellaneous-----	19
Business at home-----	21
Personal reasons-----	30

Of the above 77 discharged men who left against medical advice, only six complained of the service of the facility. Of the six patients, four were definitely psychoneurotics. In looking over most of these cases we find that in a good majority of the cases they stated that they were well treated but due to reasons furnished could not continue treatment at the hospital. Several of these men returned at a later date. Some of them were admitted in emergency and then remained throughout the entire hospitalization period.

24. Question. Could better personal care be furnished with staff aide program of Waes trained in hospital routine, thus relieving nurses for more important duties?

Answer. Please refer to other parts of this report wherein it was stated by this committee that no shortage of nurses exists and Waes would be of no particular service.

25. Question. What percentage of patients without dependents leave the hospital against medical advice due to their reduction in pension while being hospitalized?

Answer. As far as we were able to determine, this type of patient is negligible. In fact we were unable to obtain a single case of this kind.

26. Question. Are there any complaints on the part of the patients regarding the lack of information given them as to their physical condition and advice as to future treatment upon being discharged from the hospital?

Answer. As far as the committee was able to determine, no such complaint was made. In fact the physicians have been definitely instructed to interview the patient prior to his discharge, inform him of his condition and his future treatment. In fact, the veteran appears before the discharge board and is also informed of his condition.

27. Question. What general or specific recommendations would you offer as to the medical treatment and hospital care of veterans in Veterans' Administration facilities?

Answer. This committee can only speak for the Newington Facility. All modern treatments are being used by the facility and all progressive and modern surgery is performed. The committee desires to add that the number of admissions from January 1 through December 31, 1944, was 2,781, of which 1,129 were World War II veterans. The number discharged during same period was 2,701, of which 1,023 were World War II veterans. Out-patient treatments for the same period were 4,198. Out-patient examinations were 9,162. Operations for the same period, major, were 966 and minor, 1,521. It is to be understood that a great many patients entering this hospital are received in a comatose or moribund condition and in extremis. The hospital statistics show that patients arriving here in such condition have died within 2 days or less after admission. The records show that 26 patients died within 2 days or less, of which 5 were World War II veterans.

Despite the fact that during this period of time there were 138 deaths, many of them arriving in such condition as described above, were saved through the efforts of doctors and nurses.

The Newington Facility mortality, as compared with the State mortality, is low. For example, the mortality at Newington is approximately better than 4 percent, whereas the State statistics is 7.9. About the only recommendation we can make as a committee in this regard would be more physicians for the out-patient department, neuropsychiatric clinic, and GU clinic.

The committee, as previously recommended, desires to reiterate that a full-time GU man should be assigned to this hospital. It is urged that all other recommendations made herein should be given serious consideration.

All in all the committee desires to conclude that Connecticut is most fortunate in having the veterans' hospital at Newington.

JOHN W. LONG,  
*Department Commander, State of Connecticut.*  
JOHN H. CLIFFORD,  
*National Executive Committeeman, Second District.*  
CHESTER W. ALLING,  
*Department Adjutant, State of Connecticut.*

#### REPORT OF INVESTIGATION OF THE UNITED STATES VETERANS' ADMINISTRATION FACILITY AT BAY PINES, FLA., ON APRIL 19, 1945

It is thought that it would be well to make this report so that it will coincide with the questions as submitted by the national organization and under each question add such additional remarks as might be considered pertinent.

It is further thought that this report would be more effective if it were not considered on the basis of a 1-day investigation but that it also contains the observation, over a period of time, by the State service officer, who is an accredited representative of all of the major veterans' organizations.

1. Question. Are there any general or specific complaints on the medical treatment and hospital care received by the patients? If so, please describe briefly.

Answer. From observation and inspection we find that there are no general or specific complaints at this facility by the patient of his medical treatment and hospital care. It is further noted that the discharge board at this facility asks this question of every veteran discharged from this facility and their answers have been, without exception, that they were satisfied.

2. Question. Has remedial action been taken by the Veterans' Administration in these cases or others which may have been previously reported?

Answer. Remedial action has been taken at this facility through the cooperation of the chief medical officer. The question of whether or not the veteran is satisfied has been injected and the chief medical officer at this facility is very anxious that the veteran get the full benefit of his hospitalization.



3. Question. What is your opinion of the relative standards of treatment in the veterans' hospitals as compared to the State, county, and municipal institutions in the same area?

Answer. Inquiry and observation and investigation at the Mound Park Hospital, St. Petersburg, Fla. (municipal), and the Tampa General Hospital, Tampa, Fla. (municipal), show that the equipment in Bay Pines and the treatment in Bay Pines and the laboratory work is far superior to either of the above-named hospitals.

4. Question. Do the manager, chief medical officer, and/or clinical director feel that they have sufficient authority to run the hospital as efficiently as they might desire?

Answer. This question is answered by making comparison of the treatment and laboratory work done at this facility under former chief medical officers and the improvements noted which clearly show that the responsible authorities at this hospital can, and do, improve this hospital to a great degree.

5. Question. Do they feel that there are undue restrictions and regulations under which they must function? If so, kindly specify in what way.

Answer. After questioning of the officials at this facility, the answer is an emphatic "no."

6. Question. Do they feel they have sufficient authority and latitude to employ competent doctors, nurses, and attendants?

Answer. The answer to this question is self-evident. The chief medical officer or clinical director has no authority in the employment of doctors and nurses. He is not allowed, under the regulations, to even pass on their respective qualifications. It is well known that this personnel is furnished through the Civil Service Commission and, once a doctor is assigned to a Veterans' Administration facility, it is practically an impossibility for the hospital authorities to dispose of his services. They do have, however, sufficient authority in the employment of attendants.

7. Question. Do they have encouragement and support in research, in participating in clinical meetings, symposiums, medical lectures, courses, etc.?

Answer. There is a weekly conference of medical and surgical personnel held at this facility and during these conferences various individual cases are discussed, much in the same manner as officers' schools in the military forces. Also, there are autopsies held in every case where permission can be secured. It is thought by the inspector that this facility is far above the average in this type of educational training.

8. Question. What definite complaints, if any, are there as to the quality, quantity, variety, and preparation of food in the veterans' hospitals?

Answer. This question should be answered by observation over a period of time and not the observation at one particular meal. There has never been at Bay Pines Hospital any complaints of the type of food or the quantity. The inspector has tested this food on the ward and found that it was warm and well prepared, coffee was hot, and where milk was served, it was cold. We are attaching herewith a copy of the menu furnish us by the manager.

9. Question. Have there been or are there any specific cases of alleged abuse or neglect of patients?

Answer. There are none at present; there have been in the past some charges of neglect and abuse, but these have been corrected by the chief medical officer, and it is considered by the State service officer that this hospital is in good shape in this respect. The information has also been circulated throughout this hospital that the State service officer is the chairman of the grievance committee and such complaints should be brought to his attention.

10. Question. Are the recreational facilities adequate?

Answer. No. This is due in part to the extra heavy load carried at all times in this hospital and in the domiciliary barracks. There is not sufficient seating capacity in the theater and not sufficient room for game tables, etc. It is recommended that the present theater building be converted into a recreational hall with sufficient game tables and lounging rooms with comfortable reading chairs. The type of entertainment furnished by various organizations is good. There are USO shows weekly; bingo games and pictures shown at this theater. It is thought, though, that a large lounging room with comfortable chairs would be of great benefit to neuropsychiatric patients, of which we are getting in greater numbers each day.

11. Question. Is the canteen service satisfactory, and are the prices charged veterans reasonable? If not, please describe.

Answer. The canteen service is not satisfactory for the following reasons: The canteen, itself, is entirely too small and the floor space should be doubled



for immediate needs. The canteen at this facility is located in the recreation building. If a new theater building were erected, the needed additional space could be granted. The service in the canteen is not satisfactory, due primarily to the fact that the concessionaire finds it impossible to get sufficient help. Bay Pines is 12 miles from the city of St. Petersburg and the long ride back and forth to the facility does not appeal to the average person wishing this type of work, especially when all of the restaurants in St. Petersburg are continually advertising for help. The quality and cooking of the food at the canteen is above the average. The canteen is overloaded, also, because of the fact that this is the only place to eat in the Bay Pines vicinity and all of the relatives of the patients visiting the hospital are forced to eat in the canteen. The prices charged are in line with OPA regulations. This facility has a committee of two who frequently check the prices charged and a report from this committee and investigation by the State service officer shows that the prices charged are comparable with other eating institutions of like character.

12. Question. Are the medical equipment and clinical arrangements satisfactory?

Answer. The present equipment for electrocardiogram is not considered adequate. There has been a requisition made for an additional electrocardiogram machine so that, in case of a break-down, we would not be totally without this method of determining cardiac disabilities. The basal-metabolism-recording equipment also is single and is not presently satisfactory. Additional equipment is being requisitioned to take care of the expected load at this facility. Additional equipment is also being requisitioned for the use in determining the degree of defective hearing. The present equipment is not modern and there is no audiophone at the present time. This, also, is being requisitioned. The hydro and electro therapy equipment is satisfactory, the surgical equipment is satisfactory and the dental equipment is above the average.

13. Question. Are the periods of hospitalization proper? Too long? Too brief?

Answer. A review of complaints of this manner over a period of 2 months preceding the date of this report denotes that hospitalization periods at this facility are proper. The question was gone into thoroughly of whether or not the ward physicians kept men in the hospital on the wards in order that they would not have to make detailed examinations of new patients. With this idea in mind, that there have been some complaints of this type in the past, investigation shows that the chief medical officer and clinical director keep in very close touch with this situation and this condition does not exist at Bay Pines.

14. Question. Do patients feel they are required to remain in receiving wards too long before complete examinations and treatment are started?

Answer. This is a question which, in the past years, has caused a great amount of agitation. It is a hard matter to determine the length of time necessary to keep a man on reception wards at this hospital. There are 100 beds in the receiving ward and when the beds in the various wards are full, it is necessary to treat men on the receiving ward. A report from this hospital covering the months of January, February, and March denotes that the average time spent on the receiving ward by a patient is 5 days. In the report, the highest number of days spent during this time by a patient on the receiving ward is 32 days. There are few in excess of 30, 25, 18, 15, 12, and 9 days spent in the receiving ward. When it is taken into consideration that there are three physicians assigned to the receiving ward, and it is also used as a treatment ward, this condition is not considered unusual or detrimental at this facility. The procedure is followed of, after diagnosis of the patient after entrance into this hospital, the man is sometimes held in the receiving ward because of the necessity of making laboratory tests. X-rays and basal-metabolism-recording tests so that when he is transferred, the ward physician is prepared to immediately begin the necessary treatment. However, we find that on the receiving ward, the man is not neglected by the physicians assigned to that ward. Some of the cases on this ward which have been held for a considerable length of time have been held because the physicians were very much interested in the case and wanted to treat them personally. Others are held because this is also an isolation ward.

15. Question. How about cleanliness and neatness in the buildings and on the grounds?

Answer. Due to lack of sufficient help, the hospital has not been kept at the present, in its former immaculate condition. It is, however, presently above the average hospital, particularly the two municipal hospitals mentioned hereinbefore that were also inspected.

16. Question. Is it felt that the discipline and morale of the patients are satisfactory?

Answer. Yes; above the average.

17. Question. Are the transportation facilities to and from the hospital adequate?

Answer. No. Bay Pines is located some 12 miles from St. Petersburg and, other than private conveyances or taxicab, the only transportation available is streetcar for 9 miles and then a 3-mile ride by bus. The bus schedule is hourly and the wait at the end of the car line is frequently necessary. This, however, is not a question over which the Veterans' Administration has any jurisdiction and it is thought that the local veterans organizations should request the city of St. Petersburg to arrange for a direct 30-minute bus service from the city of St. Petersburg to the hospital, especially during the rush hours.

18. Question. Is the contact service considered satisfactory and adequate by the Disabled American Veterans?

Answer. Yes; insofar as contact service is recognized by veterans organizations, this service is good at this facility.

19. Question. How does the ratio of patients to full-time physicians and surgeons, nurses, and attendants in the veterans' hospital compare to that in State, county, and municipal institutions?

Answer. Comparing Bay Pines with the other institutions inspected, we find that the average time spent by the physician at this facility with their patients is 35 percent longer than that spent by physicians in municipal hospitals. It is impossible to state the average time that any physician spends with a patient on a percentage basis as, in a ward of 100 men, 60 percent of these men might be considered as convalescent and would need nothing more than the physician saying "good morning" and "how do you feel today?" If there is no serious complaint, the physician would pass on to the next patient. It is felt that in Bay Pines, the time devoted to each patient is adequate, as a general rule. We do find, however, that there are cases where a patient is not given the time which he thinks he should have but there are no serious cases of neglect insofar as we have been able to determine.

20. Question. Are the patients too crowded? Is there sufficient floor space per patient?

Answer. This hospital was built with a 444-bed capacity. We have presently increased the bed capacity by more economical use of space (crowding patients together) to the amount of 565 beds. This, of course, has caused some overcrowding, but the condition was, and is, unavoidable. There have been recommendations made and approved some years ago that an administrative building be erected at this facility, moving the regional office into this building, allowing about 200 more beds to the original 444. Very recently there was obtained domiciliary barracks buildings from the Army in which some sections of the administrative office were moved together with the offices of the representatives of veterans organizations and the State service office. These buildings are quite comfortable, although some inconveniences are shown in the lack of rest rooms, personnel having to go to the main hospital building for such facilities, also the fact that no provision has been made for the visit of wheel-chair patients who wish to contact their representative in the prosecution of their pension claims. It is recommended that this ramp be built for the convenience of wheel-chair patients and that additional barracks buildings be secured so that the entire regional office may be placed temporarily in these buildings until an administrative building can be erected. There has also been recommended and approved, a new additional wing to the hospital which would have, possibly, 295 additional beds. This, so far, is in the recommending stage and nothing has been done by the central office to procure or start these buildings. It is also considered necessary, due to the great influx of veterans from the north in the winter months, that additional domiciliary barracks facilities be added and a new mess hall built for the domiciliary barracks.

An acute and serious situation faces this facility in the care of female veterans. There are, at present, only 29 beds available and there is always a waiting list of this type of veteran. It is easy to see that the large number of discharged women veterans from this war make these facilities entirely inadequate and provisions should be made for the care of this type of patient.

21. Question. How do you find the discipline and morale of the hospital personnel? What are their complaints, if any?

Answer. Both the discipline and the morale of the personnel are very good. No complaints.



22. Question. What is your recommendation as to type and number of additional beds that may be required for the new load?

Answer. This question is also answered under question 20.

23. Question. What percentage of the patients are leaving the hospital against medical advice? Why?

Answer. This is a question that can only be answered by observation. The question of whether or not these men are satisfied with hospitalization has already been answered. There are many reasons which cause the patient to leave the hospital a. m. a. Questioning and observation show that the majority of the men leave for family reasons, business reasons, and, in World War II cases, because they do not like to stay in any type of hospital. This is especially true of NP patients. The following is submitted for consideration:

In February of 1945 the discharges a. m. a. were 9; in March, 11; in April, 6. In February of 1945 the a. w. o. l. discharges were 9; in March 4; in April, 6. The admission to this hospital in February of 1945 was 341; in March, 347; in April, 282. The turn-over in February 1945 was 693; in March, 711; in April, 561.

It can be readily seen from this that the percentage of a. m. a. and a. w. o. l. discharges are very small and it is not considered as being due to any fault of the hospital. Some of the discharges are caused by misconduct on the station and various other conditions over which the Veterans' Administration had no jurisdiction.

24. Question. What percentage of patients without dependents leave the hospital against medical advice due to the reduction in pension while being hospitalized?

Answer. It is the opinion of the investigator that this percentage would be between 20 and 25 percent. Through contact, we have found many men leave the hospital because of this reason. A case in point is as follows:

In the last few days the father of a veteran who is presently a patient in the Oteen, N. C., Facility, came to me and asked if it would be possible to transfer his son as to a tubercular hospital in Orlando, Fla., that is partly supported by the State of Florida. This boy is presently 100 percent disabled and is entitled to \$115 per month under the Veterans' Administration regulations. The veteran's father informed me that he can be near home and get as good treatment as presently received on a ward for \$75 per month. This would give the veteran considerable extra money per month. I advised the father of the veteran of the regulations concerning discharged a. m. a. and he decided to move his boy to Orlando, Fla.

25. Question. Could better personal care be furnished with staff aide program of Wacs trained in hospital routine, thus relieving nurses for more important duties?

Answer. This facility is staffed with sufficient competent nurses to take care of the full bed capacity and, while the addition of Wacs to this staff might be of some benefit, no real necessity is seen for this addition. What is really needed to assist in the treatment of veterans in Veterans' Administration hospitals is for either the stenographers be available in the clinical record office so that they can accompany the doctor on his round, taking notes in shorthand, thereby relieving him of the major part of his administrative work, or that dictaphones be supplied which are portable so that they may be carried around by an attendant while the doctor is examining the patients so that he may record his findings without unnecessary delay. Much of the time of the medical personnel in a Veterans' Administration hospital is taken up with red tape and administrative work and this should be corrected.

26. Question. Are there any complaints on the part of the patients regarding the lack of information given them as to their physical condition and advice as to future treatment upon being discharged from the hospital?

Answer. Yes; this on one condition that should be corrected immediately where such information will not be detrimental to the physical condition and health of the patient. I see no point in the Veterans' Administration physician withholding the information that the average civilian physician imparts to his patient. We are advised that this question is being considered at this facility and steps are being taken to correct this situation.

27. Question. What general or specific recommendations would you offer as to the medical treatment and hospital care of veterans in Veterans' Administration facilities?

Answer. There is badly needed at this facility an additional sewage-disposal plant. The present one is being taxed to its capacity at this time and serious conditions would result if there should be a break-down of this plant.



It is also recommended that a special NP hospital be set up at this station with proper vocational and training facilities, also that this hospital be arranged so that the different types of NP patients may be segregated. When mild, moderate, and severe NP patients are placed in the same ward and come in daily contact with one another, the severe patients do not climb to the moderate or mild status but, rather, the moderate or mild rapidly deteriorate to the severe stage. It is our opinion that this is a serious condition and the segregation of these patients would be of immense value to the United States Government, both economically and for the welfare of the veterans of World War II in that it would accelerate their recovery.

In addition to the recommendations entered above in this report, the following are considered absolutely necessary: One of the most controversial questions in the Veterans' Administration facilities is the question of medical personnel having to stand officer-of-the-day duty. The inspector readily recognizes that where a physician has OD assignment and is compelled to remain awake all night, that his efficiency is certainly impaired in his duties the following day. It is also recognized that the medical personnel in the Veterans' Administration are underpaid and, in most cases, overworked, and that, frequently, they are required to put in a 7-day week. This does not tend to hold the desired morale of medical personnel, when the doctor has no cessation or relief from his labors.

It is, therefore, considered absolutely necessary that sufficient medical personnel be added to the facilities so that there may be a reduced force of physicians on duty during the night and on Sundays. These physicians must be well trained in administrative duties and must be doctors of the very best quality, with a night chief medical officer attached to this force. This would eliminate many of the complaints of the admission of emergency patients. There have been many complaints in the past of the conduct of OD's who have felt it necessary that they get some rest, and some neglect of patients has been observed but, as heretofore pointed out, this is not entirely the fault of the medical personnel, but rather is caused by insufficient personnel.

All big city hospitals have a night force on at all times as a separate unit and certainly the Veterans' Administration should have a night force available in the facility.

DAVID L. WILEY,  
*State Service Officer, Disabled American Veterans,  
Accredited Representative.*

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REPORT OF INVESTIGATION OF THE UNITED STATES VETERANS' ADMINISTRATION  
FACILITY AT LAKE CITY, FLA., ON APRIL 20, 1945

It is thought that it would be well to make this report so that it will coincide with the questions as submitted by the national organization, and under each question and such additional remarks as might be considered pertinent.

It is further thought that this report would be more effective if it were not considered on the basis of a 1-day investigation but that it also contains the observation, over a period of time, by the State service officer, who is an accredited representative of all of the major veterans' organizations.

1. Question. Are there any general or specific complaints on the medical treatment and hospital care received by the patients? If so, please describe briefly.

Answer. It is felt that consideration of previous complaints as well as observation of present conditions should be noted under this paragraph of this report. Due to the fact that the patient load in this hospital never exceeded more than 60 percent of the total capacity, we are informed that the turn-over in this hospital is exceptionally high, probably a record in Veterans' Administration hospitals. It is felt that the lack of patients at this facility and the high turn-over are not caused by the hospital not being accessive to veterans in both south Georgia and north Florida. It is rather felt that there is some condition in the hospital which is badly in need of correction so that veterans in this area will report to this hospital instead of paying their own way to the Bay Pines Facility.

From complaints made in the past, it would seem that some of the medical personnel were responsible for this condition. We have in mind members of complaints against the chief clinical director, Dr. Byrd, Dr. Arnold, Dr. Wienstein, and Dr. Stewart. We are advised that Dr. Wienstein and Dr. Stewart are no longer at this hospital, so that condition is corrected.

It is felt, however, that the attitude of the chief clinical officer is responsible for the majority of the complaints at this hospital. It is not thought necessary to enumerate in detail these complaints in this report as they have been covered in former reports and requests have been repeatedly made for this officer's transfer. Efforts have been made in the past, also, to have Dr. Arnold transferred; neither of these have met with success.

It is considered detrimental to the economical situation to have a Veterans' Administration facility staffed with nine doctors on duty with a small number of patients in the hospital. This hospital could easily be, by the transfusion of new blood, of great benefit to the veterans of north Florida and south Georgia. The reason for nonapplication to this hospital is because of the reputation it now possesses and it is hoped that this will be immediately corrected.

2. Question. Has remedial action been taken by the Veterans' Administration in these cases or others which may have been previously reported?

Answer. No; except the absence of Dr. Wienstein and Dr. Stewart.

3. Question. What is your opinion of the relative standards of treatment in the veterans' hospitals as compared to the State, county, and municipal institutions in the same area?

Answer. This hospital is about equal with the average municipal or county hospital.

4. Question. Do the manager, chief medical officer, and/or clinical director feel that they have sufficient authority to run the hospital as efficiently as they might desire?

Answer. Yes.

5. Question. Do they feel that there are undue restrictions and regulations under which they must function? If so, kindly specify in what way.

Answer. No.

6. Question. Do they feel they have sufficient authority and latitude to employ competent doctors, nurses, and attendants?

Answer. Yes.

7. Question. Do they have encouragement and support in research, in participating in clinical meetings, symposiums, medical lecture courses, etc.?

Answer. It is thought that greater study such as practice at Bay Pines, would be beneficial at this hospital. There should be, at least, weekly schools held of the entire staff where individual cases could be taken up and discussed, also the participation of the entire staff in autopsies, medical lecture courses, etc.

8. Question. What definite complaints, if any, are there as to the quality, quantity, variety, and preparation of food in the veterans' hospitals?

Answer. None. The inspectors had lunch at this hospital, and the food was well prepared, well served, and excellent in quality. The manager at this station stated that he believed that good food was as essential for recovery as medicine.

9. Question. Have there been, or are there, any specific cases of alleged abuse or neglect of patients?

Answer. None could be elicited from the patients.

10. Question. Are the recreational facilities adequate?

Answer. Yes.

11. Question. Is the canteen service satisfactory, and are the prices charged veterans reasonable? If not, please describe.

Answer. Yes.

12. Question. Are the medical equipment and clinical arrangements satisfactory?

Answer. No. We understand, however, that requisitions have been made for certain equipment and that it will be installed just as soon as available. One condition, however, which was brought to the manager's attention was the lack of force on the hydrotherapy pump. The capacity pressure on this pump was 30 pounds, which was not considered by the inspectors to be sufficient to obtain the maximum benefits from such treatment. It was recommended to the manager that this be corrected, and he assured us of his willingness to have this done.

13. Question. Are the periods of hospitalization proper? Too long? Too brief?

Answer. From the hospital records and conversation with the patients, the periods of hospitalization are correct. However, we have had numbers of complaints that the chief clinical director at this hospital has ordered ward surgeons to discharge men when they should have been kept in the hospital.

14. Question. Do patients feel they are required to remain in receiving wards too long before complete examinations and treatment are started?



Answer. It was impossible to determine whether or not men were kept too long in the receiving ward at this station for the reason that there were only two men in the receiving ward.

15. Question. How about cleanliness and neatness in the buildings and on the grounds?

Answer. The outside of this hospital and the grounds look well. The inside, however, is badly in need of paint. In most cases the paint has been entirely knocked from the baseboards, door frames, etc. It is, however, clean and tidy and in as good condition as could be expected with the scarcity of labor considered.

There is a deplorable condition existing in both the cooling rooms and refrigerators at this hospital. They are as clean as humanly possible but are antiquated in equipment and present a very unsanitary view. The racks upon which meats are kept are built of galvanized-iron material and, where the rivets are placed in slots, the galvanizing has broken and the surrounding area is very rusty. The walls and ceilings of these rooms are galvanized sheet steel; the floor is cement.

It is recommended that stainless-steel racks be provided with rubber-tired castor rollers so that meat may be placed upon them without the exertion necessary at present and that the ceilings, walls, and floors of these rooms be tiled. It is the opinion of the investigators that they should be enlarged for, if this hospital were operating in full capacity, these refrigerators and cooling rooms would be entirely inadequate.

The kitchen is well equipped and spotlessly clean, and I feel sure that the chief cook does his utmost to keep the equipment in perfect order, but no one could keep the above-mentioned refrigerators and cooling rooms so that they would be presentable.

16. Question. Is it felt that the discipline and morale of the patients are satisfactory?

Answer. Yes.

17. Question. Are the transportation facilities to and from the hospital adequate?

Answer. Yes.

18. Question. Is the contact service considered satisfactory and adequate by the Disabled American Veterans?

Answer. Yes; insofar as contact service is recognized by veterans' organizations, this service is good at this facility.

19. Question. How does the ratio of patients to full-time physicians and surgeons, nurses, and attendants in the veterans' hospital compare to that in State, county, and municipal institutions?

Answer. Exceeds, at the present time, with the present load, but would about equal if this hospital were operating at full capacity.

20. Question. Are the patients too crowded? Is there sufficient floor space per patient?

Answer. No; more patients needed.

21. Question. How do you find the discipline and morale of the hospital personnel? What are their complaints, if any?

Answer. Good.

22. Question. What is your recommendation as to type and number of additional beds that may be required for the new load?

Answer. It is considered that this hospital could carry a 15-percent overload without excessive crowding.

23. Question. What percentage of the patients are leaving the hospital against medical advice? Why?

Answer. The inspectors were informed that in the event that patients demand going against medical advice for various reasons; they are allowed a 15-day pass, if the situation warrants such action. I consider this one of the most considerate and forward moves that I have ever found in any Veterans' Administration facility.

24. Question. What percentage of patients without dependents leave the hospitals against medical advice due to the reduction in pension while being hospitalized?

Answer. From observation of hospitals of like kind and character, it is considered between 20 and 25 percent.

25. Question. Could better personal care be furnished with staff aide program of Waacs trained in hospital routine thus relieving nurses for more important duties?

Answer. This facility is staffed with sufficient competent nurses to take care of the full bed capacity and, while the addition of Waacs to this staff might be of



some benefit, no real necessity is seen for this addition. What is really needed to assist in the treatment of veterans in Veterans' Administration hospitals is for either the stenographers to be available in the clinical record office so that they can accompany the doctor on his round, taking notes in shorthand, thereby relieving him of the major part of administrative work, or that dictaphones be supplied which are portable, so that they may be carried around by an attendant while the doctor is examining the patients, so that he may record his findings without unnecessary delay. Much of the time of the medical personnel in a Veterans' Administration hospital is taken up with red tape and administrative work and this should be corrected.

26. Question. Are there any complaints on the part of the patients regarding the lack of information given them as to their physical condition and advice as to future treatment upon being discharged from the hospital?

Answer. Yes; there are many complaints of this type, and it is felt that if sufficient cooperation were given the medical personnel by the chief clinical director this condition could be easily corrected.

27. Question. What general or specific recommendations would you offer as to the medical treatment and hospital care of veterans in Veterans' Administration facilities?

Answer. The most serious condition at this hospital for the welfare of the veterans is the lack of a covered corridor from hospital wards to the mess hall. The present plan is, in the event of rainy or stormy weather, these men have to be transported by covered trucks or other methods to the mess hall. This condition is inexcusable. There are covered corridors from one to ward to another ward, and one should certainly be built so that it would connect the mess hall with at least one of the covered corridors leading from ward to ward.

There is another condition existing at this hospital that is a disgrace to the Veterans' Administration, and that is the present nurses' home. This is an old, two-story, frame building setting off by itself in the hospital grounds with no covered walkway to the hospital proper, thereby forcing the nurses to go back and forth in inclement weather. This building, in fact, is an old-fashioned roach trap. It can be easily imagined the damage it could cause, also the probable loss of life in case of fire.

I strongly recommend the immediate erection of a new nurses' home, modern in every respect, as good nurses with high morale at a Veterans' Administration hospital are worth far more than the few dollars involved.

In addition to the recommendations entered above in this report, the following are considered absolutely necessary. One of the most controversial questions in the Veterans' Administration facilities is the question of medical personnel having to stand officer-of-the-day duty. The inspector readily recognizes that where a physician has OD assignment and compelled to remain awake all night, that his efficiency is certainly impaired in his duties the following day. It is also recognized that the medical personnel in the Veterans' Administration are underpaid and, in most cases, overworked and that frequently they are required to put in a 7-day week. This does not tend to hold the desired morale of medical personnel, when the doctor has no cessation or relief from his labors.

It is, therefore, considered absolutely necessary that sufficient medical personnel be added to the facilities so that there may be a reduced force of physicians on duty during the night and on Sundays. These physicians must be well trained in administrative duties and must be doctors of the very best quality, with a night chief medical officer attached to this force. This would eliminate many of the complaints of the admission of emergency patients. There have been many complaints in the past of the conduct of OD's who have felt it necessary that they get some rest and some neglect of patients has been observed, but, as heretofore pointed out, this is not entirely the fault of the medical personnel, but rather is caused by insufficient personnel.

All big city hospitals have a night force on at all times, a separate unit and, certainly, the Veterans' Administration should have a night force available in the facility.

It is also felt that the pay scale for all personnel in the Veterans' Administration is far too low to obtain the best talent available, beginning at the watchman at the gate and extending to and through the managers of the facility.

The chief surgeon at this facility impressed the inspectors as a very good man, also impressed us of his ability and consideration of his patients.

The dental laboratory is excellent and the technician in charge is far above the average.

DAVID L. WILEY,  
*State Service Officer, Accredited Representative,  
Disabled American Veterans.*

## REPORT OF DISABLED AMERICAN VETERANS, DEPARTMENT OF IDAHO, INVESTIGATION OF VETERANS' ADMINISTRATION FACILITY AT BOISE, IDAHO

In order to make this report as brief as possible, same is being numbered in accordance with the questionnaire sent with the request for the investigation.

1. Answer. See summary.

2. Answer. See summary.

3. Answer. It is your committee's opinion that this question cannot be answered either in the affirmative or negative, as in the State of Idaho there are very few State, county, and municipal institutions, and nothing that could be fairly compared with the Veterans' Administration.

4. Answer. This question must be answered in the negative, for we believe it is generally known that there are no managers, chief medical officers, or clinical directors who do not feel that they are tied up with too much red tape—rules, regulations, and procedures, promulgated by central office, and we will deal with the various individuals' feelings later on in this report.

5. Answer. As explained under question 4, it is rather hard to answer this question collectively, so we are going to answer it individually. The manager made no specific complaints to any of the members of your committee, but the chief medical officer feels that he lacks the authority to run the hospital in an efficient manner. He has many complaints and suggestions, too numerous to mention; the chief one appears to be that he is not allowed to deal direct with Washington, that all his requests must be made through the manager, and he never knows whether or not his requests and recommendations are forwarded to central office. It appears that he feels that he should have the complete running of the hospital with no interference. As it is, he does not always receive the supplies that he requests and complains that the supply officer insists upon he and the medical personnel doing detail work that is taking up too much of their time. He also complains, and this goes for the majority of his staff, that they are overloaded with detail and paper work; and there is one instance, that the medical officer did not relate but that your committee heard quite a few complaints about, and that is where the officer of the day admits a man after hours to the institution, any valuables left with the O. D. must personally be delivered by him to the finance officer, which at this station means a walk of about one-quarter mile up a hill and back again. We mention this merely as one instance; although it may appear somewhat trivial, collectively they, all together, amount to quite an unnecessary burden. For example, the chief medical officer, or some doctor, must be on hand when all linens, etc., are condemned; they must take an inventory of minor supplies, which could just as well be done by clerical help; in order to obtain a few supplies, it takes more time than it is really worth; etc.

6. Answer. We are continuing with question No. 5 under this question, inasmuch as they seem to dovetail. There are a majority of women hired here as attendants, and your committee feels the same as the medical personnel, that women are not suitable for this type of work. Most of the patients, especially those of World War I, who are acquainted with Veterans' Administration hospitals, resent these women, especially inasmuch as they are not nurses, giving them enemas, and standing in the lavatories, assisting them. These women attendants also are very reluctant to climb ladders and wash walls with men around, which is only natural, and in most instances, are not physically qualified to handle sick veterans. We believe this is a very serious situation that should be rectified as soon as possible. It is rather hard to define the difference between an attendant, orderly, and janitor at this station, and if our interpretation of the term attendant is correct, the attendants are called upon to do too many jobs that should be done by janitors, which does not permit them to devote sufficient time to attendant duties.

There appears to be a general feeling that division heads have no choice in the selection of personnel at this station, and it appears that the manager at this station uses his own prerogative in selecting doctors, nurses, and attendants, without consulting the various department heads. It should be understood that this is not definite, but merely general information, gathered by your committee.

7. Answer. This question must very definitely be answered in the negative, as there are no facilities available for the personnel to do any research work, participate in clinical meetings or medical lectures, and we might relate one instance that was told to us. A young doctor at this station, who appears to be very ambitious, went so far as to write into central office, asking for permission to take a research or some course, and he was informed that inasmuch as it was



not possible for him to do so without taking time off from his duties, it could not be allowed, and the only way that this young man has to gain any knowledge was, if there should happen to be a meeting of the medical association in town, to attend such meeting.

8. Answer. There are no justifiable complaints as to the quality or quantity of food at this station, and your committee wishes to compliment those responsible for the preparation of food for the good job they are doing with the obsolete equipment, poorly arranged facilities, and lack of equipment on hand. The only specific complaints that we received were that in some instances the food was cold, but we could not justify same and it was our opinion that it was the patient's fault in not being at his bed when the food was delivered, instead of any fault of those preparing or delivering the meals.

9. Answer. In the past there have been numerous complaints of abuses and neglect, but since the arrival some months ago of a new out-patient doctor, the attitude seems to have changed considerably. The complaints hereto referred to were not so much relative to treatment while in the hospital, but treatment when contacting to get into the hospital, where men were made to feel that they were doing the examining doctor a favor by asking for admission to the hospital. We believe that by-gones should be by-gones, but if specific complaints are desired, there are a number on file.

10. Answer. Definitely, no! The only recreation that there is is a movie now and then, the usual checkerboard and worm-out decks of cards and a couple billiard and pool tables. The recreation room is dull, dingy, and lacks a free atmosphere, and there is very little planned recreation. While dealing on this subject, we might mention that in order for the hospital patients to visit the recreation room, they must travel an open board walk that is covered overhead, which in inclement weather should not be allowed without being fully dressed, and inasmuch as we are mentioning recommendations later on in this report, we will not comment further at this time, sufficed to say that under present conditions, this ramp or boardwalk should at least be closed in and heated.

11. Answer. The prices charged compare with those in the commercial institutions in the city of Boise: that is, there is no overcharge, although the canteen itself is not adequate or suitable. It is very poorly ventilated, situated in an old building not possible to maintain proper sanitary conditions, due to the type of construction, and those in charge of the canteen complain continuously that they never have an adequate supply of cigaretes, candies, magazines, etc., and that they receive no cooperation in obtaining same.

12. Answer. Definitely no, and your committee is a little reluctant to go into this question. It is hard for one to find any clinical arrangement, as the ward and clinical doctors are one and the same personnel, outside of the chief of the out-patient service and one assistant. For example, the chief surgeon must also assist in making examinations for rating purposes, and that is true for all the doctors stationed at this hospital, and your committee wishes to emphasize emphatically and without reservation that in their opinion it is not possible to do justice, with the present set-up, either to the men who are being examined for rating purposes or to those in the hospital receiving care; and we urgently request that this matter be called to the specific attention of the powers that be for immediate investigation and rectification. To enumerate a few of the things that we feel are wrong: There is not, and never has been, a short-wave machine in the physiotherapy; the X-ray machine is of a 1915 vintage; the equipment necessary to develop films is inadequate and obsolete, and one wonders how they do as well as they do with what they have. If the individual in charge of this apparatus was not thoroughly familiar with same, it is believed that the majority of the films would be spoiled, especially in hot weather, as the temperature of the developing baths cannot be kept at the proper degree, and films left in the bath uniformly, so the attendant must practically stand there and watch each film as it is brought out in the bath to see whether or not it has been in the solution the proper length of time. We might compare the X-ray equipment with a modern high-speed camera and a Brownie Kodak, and we feel that the X-ray equipment should be replaced immediately with modern up-to-date equipment, for we cannot see how it is possible to turn out satisfactory work, in comparison with the modern equipment that the Army and up-to-date institutions have. There is considerable need for expansion of the whole physiotherapy department at this time, and looking to the future, plans should be made immediately for necessary expansion to meet, not only the present but the coming load.

13. Answer. Your committee does not feel qualified to answer this question and to voice our opinion; if anything the period of hospitalization is too long,



that is listening to the comments of the patients, due primarily to the length of time they must be in the hospital before they receive treatment.

14. Answer. We believe that this question is answered in our reply to question 13.

15. Answer. Your committee finds this question rather hard to answer, and in order to do so, we will have to explain that in our opinion, there is only one building at this facility that is not old and obsolete. The building we refer to is the hospital that was built in 1932. This building is clean, sanitary, and neat, and is continuously kept so. This is the only building which is being used for hospital purposes, and contains the physiotherapy, X-ray laboratory, and so-called out-patient clinic. The dining room, serving the entire institution, is located in an old building that formerly belonged to the old National Guard, and was built by the Federal Government before 1900 and was formerly known as Boise Barracks, which was turned over to the Veterans' Administration by the War Department right after the last war. Under no stretch of the imagination is this building suitable to contain the kitchen and dining room, and it is our understanding that repeated requests have been made for a new building to house the kitchen and dining room. Your committee could go into lengthy detail, itemizing in their opinion the unsuitableness of this set-up. It is not possible to maintain at least a decent standard of sanitation that the kitchen and dining room should have for a veterans hospital, and trust that this will specifically be called to the attention of the proper authorities. Your committee visited the kitchen and dining room at night and the place is infested with cockroaches. We made extensive inquiries relative to this and were informed that if we thought conditions were bad at the time we made the investigation, we should have investigated a short time ago, prior to the time when a commercial concern was hired to try and rid the kitchen and dining room of these roaches. As stated above, these are old buildings, the plumbing runs through the walls, the woodwork is loose, and we do not believe it is possible to rid this place of these vermin. The store room for meat and other things is in the basement, exposed pipes are running overhead, and it is necessary to haul other supplies through the room where meat is being cut, and as stated previously, one wonders how they do as well as they do with what they have on hand. The rest of the buildings were built at the same time as the dining room and kitchen heretofore mentioned, and although they are referred to as domiciliary barracks, your committee feels that the term "domiciliary" is a misnomer and should be termed "old soldiers' home"—for patients from other domiciliary institutions of the Veterans' Administration are sent to this station when they are no longer in need of hospital or domiciliary care. There is one ward in one of the old buildings that is set aside for epileptics, diabetics, etc., called a nonduty ward, and in our opinion these are the only ones that are truly domiciliary patients. We wish to state that your committee visited this nonduty ward late at night, and the only member in attendance was a member of the domiciliary, who is assigned the duty of what he called night attendant, and the odor was extremely bad. We intend to deal with these buildings further on in this report, but at this time wish to state that one of the so-called domiciliary barracks is located one-fourth mile or better from the main dining room, and those assigned to this barracks are forced to walk for their meals to the dining room, previously mentioned in this report, in all types of weather, rain or shine, hot or cold.

16. Answer. The morale of the patients appears to be better than the average, outside of the usual complaints, which one must expect from men who are sick, but one of our members of the committee, who is stationed at the hospital here, feels that the discipline is not strict enough. He explains that whenever he visits the hospital, those that are ambulatory seem to be visiting those that are too sick to be visited, and this is not written in criticism, as this place is so badly understaffed that it is not possible for the doctors or nurses to take the time to remedy this situation, although he feels that a definite rest period should be established.

17. Answer. There are no transportation facilities to and from the hospital, except veterans who are coming in as an emergency, and a car is sent for them. There is no type of public conveyance, outside of taxicabs, and the hospital is situated approximately 1 mile from the hub of town.

18. Answer. The contact service has only recently been expanded, and at this time could not be termed adequate, for the reason that it is staffed with inexperienced personnel, but the personnel collectively all seem to be very veteran-minded and are doing their very level best, and at the present rate of progress,

when they become sufficiently acquainted with the rules, regulations, and procedure, we feel that the service will be adequate.

19. Answer. As stated earlier in this report, there is nothing in this territory to compare with the veterans' hospital with, but like most veterans' hospitals at this time this place is very much understaffed, being short of doctors, nurses, attendants, kitchen help, clerical workers, etc., and new help that they are acquiring generally is not satisfactory.

20. Answer. They have added additional beds to some of the wards here, which necessarily have overcrowded same, but generally speaking the building used for hospital purposes is not overcrowded.

21. Answer. The morale of the hospital personnel is very low. They all feel that they are overworked and, as previously mentioned, the various division heads are all dissatisfied, and there is a lack of proper coordination, which should be rectified, and we will try to deal with same in summarizing this report.

22. Answer. See answer 20.

23. Answer. We do not have the exact figures in comparison with other veterans' hospitals of patients leaving against medical advice, but know that the percentage doing so from this station is low in comparison with others.

24. Answer. With the shortage of nurses at this station, there is no question that the assigning of Wacs, trained in hospital routine, would relieve nurses for more important duties.

25. Answer. It was not possible to obtain the figures to answer this question, but there is a well-known fact that the World War I men, who are drawing more than \$20 per month, are very reluctant to enter the hospital, inasmuch as they will be cut to \$20 and will be in no position to meet their set financial obligations, such as maintaining their living quarters, etc., while they are in the hospital, and the younger men of the present war, as soon as they find out that their pensions are to be reduced to \$20 per month, invariably ask to be discharged as soon as possible. Your committee contends that this is one of the very serious problems facing the Veterans' Administration and that same should be taken care of by legislation or by changing regulations and procedure as soon as possible, in order that these men should be willing to accept the hospital care necessary, and we firmly believe this will be a saving of dollars and cents to the Government. At least a short period should be allowed where their monthly payments are not reduced while they are in a governmental or State institution.

27. Answer. We are going to use this question to summarize. In the only building which, in our opinion, is suitable for hospital purposes and which is being used for such purposes at this time, there are only 147 beds—the daily reports of the hospital bed capacity at this station show 29 beds loaned to domiciliary, which, it is our understanding, have been carried as such for a number of years and are not available or, in our opinion, suitable for hospital or general medical care. We feel that naturally there is a tendency when a hospital becomes loaded to either discharge patients too soon or tighten up on hospital admittance, and the bed capacity for hospital care should have been expanded long ago, and your committee asked themselves the question, "What would happen under present conditions if we should have an epidemic of some sort?" which we believe is a fair question, and we honestly feel that the hospital facilities at this station should either be expanded or the hospital discontinued in its entirety and the patients sent elsewhere where they can receive proper care and treatment, for under present conditions, all types of cases cannot receive adequate care—for example, the surgeon, who is considered very well qualified, was on a vacation a couple of weeks ago, and there was no one available to take his place, and if an emergency arose, it would have been necessary to try and obtain the services of an outside surgeon.

There is no eye, ear, nose, and throat doctor at this facility. Your committee feels that at a veterans' hospital of this size, the best medical personnel in the service should be assigned, inasmuch as every doctor should be an all-around man, as there are no substitutes when one is off duty.

We believe that all veterans are entitled to the same care and privileges, regardless as to what part of the country they happen to reside in, and it is not possible for the men in this hospital to receive the treatment that is given at other veterans' hospitals, as they are not equipped to do so. Your committee feels very strongly in this regard and knows that the same situation prevails in other parts of the country. It is rather hard to convince some of these young wives that it is necessary to send their husbands outside of the State for proper care, and while we are on this trend of thought, we might explain that there is no facility whatsoever available to take care of neuropsychiatric patients and might



explain that the Boise Hospital is situated approximately 500 miles from Portland, 400 miles from Salt Lake, 550 miles from Fort Harrison, and the closest NI' hospitals are American Lake, Wash., and Roseburg, Oreg. There are no neuropsychiatric or tuberculosis hospitals within the State of Idaho that can be contracted for care by the Veterans' Administration.

Your committee is a little reluctant to go into personnel, but collectively it appears that the various division heads and the employees at this station are reluctant to take up any complaints or suggestions with the manager, for he has them all in a frame of mind from a repetition of circumstances, wherein they were of the opinion that an honest difference of opinion existed, wherein the manager, when it was called to his attention, jumped all over those concerned, which necessarily is a very unhealthy situation. This is not in criticism of the manager, for he rules this place with an iron hand, and we believe he is very desirous of seeing to it that a good job is done, but we feel that if he would place the responsibility on the various division heads of running their departments, that far more satisfactory results would be obtained. It may be that the personnel at this station, collectively, have been assigned here too long and that some transfers, whoever they may be, would do much to alleviate the present situation.

We know that the questionnaire does not call for this type of comment, but honestly feel we would be derelict in our duties if we did not add same to this report, for we know that dissatisfied personnel will never render the best service that they are capable of giving. We sincerely feel that, inasmuch as it will be necessary to either expand this facility or build additional facilities in this vicinity, that possibly the expansion would do much to bring better feeling amongst the personnel, as new employees added to the present personnel would be necessary if the place was expanded.

It is our recommendation that, outside of the hospital building, built in 1932, that the rest of the buildings be torn down, for they are old and obsolete, and we feel it would be a waste of money to try to modernize them.

In conclusion, we wish to state that, in our opinion, the clinical and hospital staff should be immediately segregated to render adequate service in both respects, and that additional doctors, nurses, and attendants, be assigned to this station at the earliest possible time and that the necessary expansion be planned for immediately.

Respectfully submitted,

DEPARTMENT OF ILLINOIS,  
DISABLED AMERICAN VETERANS.  
*Chicago, Ill.*

HOSPITAL INVESTIGATION COMMITTEE REPORT ON THE MARION VETERANS' ADMINISTRATION FACILITY, AS OF APRIL 5, 1945 (DR. E. A. WELCH, MANAGER; LT. COL. J. R. SHAWVER, CLINICAL DIRECTOR)

The investigation committee consisted of Department Commander Dr. Fred C. Jeths, chairman, National Service Officer Elmer W. Roetter, State Adjutant George Brown, and State Service Officer Edgar C. Kruger.

1. Answer. None.
2. Answer. Does not apply.
3. Answer. Superior.
4. Answer. Authority for emergency treatment and examination, such as, spinal puncture, etc. should be left to discretion of medical staff. Delay in obtaining permission of relatives sometimes dangerous to patients.
5. Answer. See answer 4.
6. Answer. Yes, at present.
7. Answer. Have meetings with county medical societies nine times yearly. No consultants available in this location.
8. Answer. No.
9. Answer. No.
10. Answer. No.
11. Answer. Yes.
12. Answer. Excellent.



13. Answer. Satisfactory—average 30 days.
14. Answer. No.
15. Answer. Good.
16. Answer. Excellent. Hospital in operation 3 years and have not, as yet, had a disciplinary board.
17. Answer. Busses every 15 minutes. Ambulance, station car, and Ford.
18. Answer. Yes.
19. Answer. 178 beds, 8 physicians with 1 on extended sick leave. Bed capacity normal 160, emergency 214.
20. Answer. 55 to 60 square feet per bed.
21. Answer. Excellent. Plenty of help. Have waiting list asking for employment locally. Will not accept employment elsewhere.
22. Answer. 350 to 400 over the present number of beds within the next 5 years.
23. Answer. Eight percent a. m. a. and a. w. o. l.
24. Answer. No.
25. Answer. Average patient remains 30 days, thus eliminating this condition, because ratings usually take longer than this length of time to be received. Therefore, average patient is not conversant with his reduction in pension while being hospitalized.
26. Answer. No.
27. Answer. None.

Recommendations: Recommend tubercular hospitals with separate buildings for the women's section. Also, at this facility, quarters for physicians and families are not available.

Recommend medical pools in all specialties to enable permanent personnel to attend postgraduate courses and for those on extended sick leave.

Recommend war plants at the close of the present conflict to be converted into convalescent homes and/or domiciliary institutions.

Respectfully submitted.

Dr. FRED C. JETHS,  
*Department Commander, Chairman,*  
 GEORGE BROWN,  
*State Adjutant,*  
 ELMER W. ROETTER,  
*National Service Officer,*  
 EDGAR C. KRUGER,  
*State Service Officer.*  
*Hospital Investigation Committee.*

DEPARTMENT OF ILLINOIS,  
 DISABLED AMERICAN VETERANS,  
*Chicago, Ill.*

HOSPITAL INVESTIGATION COMMITTEE REPORT. ON THE VETERANS' ADMINISTRATION FACILITY, DWIGHT, ILL., AS OF APRIL 6, 1945 (LT. COL. WILLIAM E. KENDALL, MEDICAL CORPS, MANAGER; DR. TAYLOR, CLINICAL DIRECTOR)

The investigation committee consisted of Department Commander Dr. Fred C. Jeths, National Service Officer Elmer W. Roetter, and Department Adjutant George Brown.

1. Answer. None.
2. Answer. Consequently does not pertain.
3. Answer. Higher. Many cases referred by outside.
4. Answer. Yes. In the proper care of patients. Receive plenty of good drugs.
5. Answer. No.
6. Answer. Yes.
7. Answer. Yes, but very little here.
8. Answer. No complaints. Excellent.
9. Answer. None.
10. Answer. Letters from central office months ago to increase facilities not urgent here because average patient remains 30 to 45 days.
11. Answer. Do not have canteen here.
12. Answer. Yes.
13. Answer. Adequate.

14. Answer. No.
  15. Answer. Good.
  16. Answer. Yes.
  17. Answer. Good. Busses and trains, but cannot obtain drawing rooms for ambulance cases on trains.
  18. Answer. Yes.
  19. Answer. Better.
  20. Answer. No and yes.
  21. Answer. Very high. Excellent.
  22. Answer. Sufficient
  23. Answer. In the past 7 years, a. w. o. l.—63, and a. m. a.—60.
  24. Answer. No.
  25. Answer. Majority of those living leave before ratings can be received.
  26. Answer. No.
  27. Answer. Recommendations: Recommend facilities for the segregation of tubercular cases in Illinois.
- Have 6 medical men to 160 patients. Have no outside consultants because none are available in this area. Quarters for employee and families badly needed. New addition is now being built, which will increase beds to 300. Capacity of hospital now 225.
- Respectfully submitted.

Dr. FRED C. JETHS,  
*Department Commander, Chairman,*  
 ELMER W. ROETTER,  
*National Service Officer,*  
 GEORGE BROWN,  
*Department Adjutant.*  
*Hospital Investigation Committee.*

DEPARTMENT OF ILLINOIS,  
 DISABLED AMERICAN VETERANS,  
*Chicago, Ill.*

HOSPITAL INVESTIGATION COMMITTEE REPORT ON THE EDWARD HINES, JR., MEMORIAL HOSPITAL AS OF MARCH 30, 1945 (CHARLES G. BECK, MANAGER; COLONEL TRATBA, CHIEF CLINICAL DIRECTOR)

The committee consisted of Dr. Fred C. Jeths, department commander; George Brown, State adjutant, Walter Jasper, and Matt J. Harford.

This investigation of the facility was made in conjunction with the committees of the American Legion, headed by Department Commander Arthur Canby, and the Veterans of Foreign Wars, headed by John Flannagan, State service officer of the Veterans of Foreign Wars.

1. Answer. None.
2. Answer. Yes.
3. Answer. Same.
4. Answer. Yes.
5. Answer. Minor—on procurement of supplies.
6. Answer. Yes—on nurses and attendants. No—on medical doctors.
7. Answer. Yes. Hold two clinical conferences a month. Could be broadened if replacements could be had.
8. Answer. None.
9. Answer. Not found.
10. Answer. No.
11. Answer. Yes.
12. Answer. Yes.
13. Answer. No.
14. Answer. Yes; in a few instances, but this condition is compensated—117 beds retained in reception service.
15. Answer. Excellent.
16. Answer. Yes.
17. Answer. Yes; busses and electric trains. Out-of-city patients are met at trains by car or ambulance.
18. Answer. Yes.
19. Answer. Now have 1 doctor to 40 patients.

20. Answer. At present, 55 to 60 square feet per bed in wards; private rooms have 100 square feet.

21. Answer. Good.

22. Answer. Same type. Additional 600-bed building now under construction.

23. Answer. Out of 638 tubercular patients, 41 were a. m. a.; 7 left because of business reasons; 3 for a change of climate; 2 dissatisfied; 3 unknown; 3 refusal of passes; 51 improved; and 68 a. w. o. l.

Of 11,577 patients treated, 189 were a. m. a., 118 a. w. o. l., or 4.09 percent.

24. Answer. No. One hundred cadet nurses now in training here. Nurse problem not acute. Additional clerks recommended.

25. Answer. See answer 23.

26. Answer. Yes; but not always warranted. Sufficient detail given to enable veteran to care for himself upon being discharged, if additional care other than hospitalization is recommended.

27. Answer. Clerks to improve medical reports and assist with paper work of nurses.

NOTE.—850 to 900 admitted to hospital and same number of patients discharged monthly. Four hundred patients now on waiting list with illnesses not considered an emergency type.

Seventeen physicians are on the consulting staff. The hospital has 1,750 beds, to which 175 have been added for emergency purposes. Total number of beds now, 1,925.

Recommendations: It is recommended that libraries should be enlarged for patients and medical staff. Make attractive and comparable the position of physicians in facilities to private practitioners in order to retain them in the future.

Ratings should be changed with reference to dietitians and nurses to professional status rather than subprofessional.

Establish trained personnel specialized for assignment in facilities rather than separate the present medical personnel at facility.

Respectfully submitted.

DR. FRED C. JETHS,  
Department Commander, Chairman,  
GEORGE BROWN,  
State Adjutant,  
WALTER JASPER,  
MATT J. HARFORD,  
Hospital Investigation Committee.

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DEPARTMENT OF ILLINOIS,  
DISABLED AMERICAN VETERANS,  
Chicago, Ill.

HOSPITAL INVESTIGATION COMMITTEE REPORT ON THE VETERANS' ADMINISTRATION FACILITY, DOWNEY, ILL., AS OF APRIL 5, 1945 (COL. DELMAR GOODE, MEDICAL CORPS, MANAGER)

The investigation committee consisted of Dr. Fred C. Jeths, department commander; Walter Jasper, and Matt J. Harford.

This investigation of the facility was made in conjunction with the committees of the American Legion, headed by Department Commander Arthur Cauty, and the Veterans of Foreign Wars, headed by John Flannagan, State service officer of the Veterans of Foreign Wars.

1. Answer. No.

2. Answer. Yes.

3. Answer. Good.

4. Answer. Manager feels that more authority should be granted him in the discipline of cadet nurses and attendants, rather than make it necessary to clear through central office before disciplinary action can be taken; also permission to recruit local physicians before prior approval of the central office.

5. Answer. Minor.

6. Answer. See answer 4.

7. Answer. Doctors have one clinical meeting weekly; one professional meeting monthly with all heads of departments, including physicians, to which problems of



all departments are presented and discussed. The staff here inadequate for attendance at symposiums.

8. Answer. None.

9. Answer. Incidents rare.

10. Answer. Recommendations for recreational facilities for personnel and employees (also indoor).

11. Answer. Not satisfactory. Too small. Same lower than elsewhere.

12. Answer. Manager suggests clinic building. Wards and visiting rooms too small. Equipment is adequate for present needs but can be improved. Medical equipment is satisfactory.

13. Answer. Not too brief. Brief only when relatives demand discharge against medical advice. Those without relatives are sent to domiciliary care.

14. Answer. No. Immediate attention given to patients with occupational therapy between examinations.

15. Answer. Excellent.

16. Answer. Yes.

17. Answer. No. North Shore Electric.

18. Answer. Yes.

19. Answer. Attendants, 1 to 56 patients. Physicians, 1 to 126 patients. Nurses, 1 to 30 patients. Ratio better than in State or county institutions.

20. Answer. Yes; in receiving wards only.

21. Answer. Morale and discipline good. Minor complaints with references to wages and ratings.

22. Answer. Additional buildings will be needed with an additional 600 beds. One building specifically needed for female patients. Also in need of a chapel.

23. Answer. Month of March, 32 percent were discharged against medical advice. Relatives are being notified by military authorities that the serviceman is being sent to the institution and that his release may be effected by their applying for his discharge. In some instances relatives arrive asking for discharge before patient arrives at hospital.

24. Answer. No; because that would be temporary in the case of Waacs. More clerical help needed.

25. Answer. In the past 6 months, the patient population numbered 1,675, of which 46 were a. m. a, and 10 were a. w. o. l.

26. Answer. Mental institution. Patients not interviewed.

27. Answer. More advanced medical treatment is given here in most instances than in other institutions.

Notation: Two physicians on consulting staff, a surgeon and a neurologist. Now have 2,100 beds—88 beds being reserved for receiving ward, of which an attempt is made to have 14 vacant at all times.

Two medical officers are assigned here by the United States Army. An Army detachment of 150 men are also assigned at this facility.

Respectfully submitted.

DR. FRED C. JETHS,  
Department Commander, Chairman,  
WALTER JASPER,  
MATT J. HARFORD.  
Hospital Investigating Committee.

DEPARTMENT OF ILLINOIS,  
DISABLED AMERICAN VETERANS,  
Chicago, Ill.

HOSPITAL INVESTIGATING COMMITTEE REPORT ON THE VETERANS' ADMINISTRATION FACILITY, DANVILLE, ILL., AS OF APRIL 8, 1945 (DR. GEORGE A. ROWLAND, MANAGER; DR. GEORGE D. RICE, CLINICAL DIRECTOR)

1. Answer. None.

2. Answer. Does not apply.

3. Answer. Better.

4. Answer. Yes, minor.

5. Answer. No.

6. Answer. Yes.

7. Answer. Yes, wonderful with local group. One medical meeting monthly. One staff meeting monthly.

8. Answer. Good, purchase best available.
  9. Answer. None.
  10. Answer. No.
  11. Answer. Yes.
  12. Answer. Yes.
  13. Answer. Adequate. In some instances too brief because of provisions in the State laws.
  14. Answer. No (mental hospital).
  15. Answer. Good.
  16. Answer. Good.
  17. Answer. Bus every 20 minutes.
  18. Answer. Yes.
  19. Answer. Fair; ratio 1 to 125.
  20. Answer. Yes; 55 to 60 square feet per bed now. Overcapacitated; 2,100 beds. Has been increased to 2,300 beds. Should be increased on acute, subacute, and infirm wards.
  21. Answer. Good. No complaints.
  22. Answer. Three hundred and fifty additional.
  23. Answer. Less than 5 percent are a. m. a. and a. w. o. l. Twelve in approximately 6 months.
  24. Answer. No. More clerks.
  25. Answer. Does not pertain.
  26. Answer. Does not pertain. Advice to relatives with reference to obtaining discharges of patients prior to recommendation of attending physicians. (This information emanating from the military forces prior to discharge.)
  27. Answer. Should have an out-patient clinic. Psychoneurosis should be treated at home as out-patients. Should be for service-connected cases only. Hospital now has 2 consultants and authority from central office is 1 more when obtainable. Hospital now has 2,300 beds. Hospitalized patients now 2,125; regular capacity, 2,022; emergency capacity, 2,300.
- Respectfully submitted.

DR. FRED C. JETHS,  
*Department Commander, Chairman,*  
 ELMER W. ROETTER,  
*National Service Officer,*  
 GEORGE BROWN,  
*State Adjutant,*  
 EDGAR C. KRUGER,  
*State Service Officer,*  
*Hospital Investigation Committee.*

VETERANS' ADMINISTRATION,  
 Marion, Ind., April 9, 1945.

- Name of hospital: Veterans' Administration facility.  
 Address: Marion, Ind. (neuropsychiatric).
1. Answer. None.
  2. Answer. None needed.
  3. Answer. Higher standards at Veterans' Administration than at other hospitals.
  4. Answer. Needs more authority.
  5. Answer. Too much in detail, red tape, and too technical.
  6. Answer. Yes.
  7. Answer. Staff medical meeting every 2 weeks at night; they also meet with the county medical association.
  8. Answer. None.
  9. Answer. None.
  10. Answer. Yes; more entertainment than they can schedule. Sometimes they have three entertainments going at same time in different buildings.
  11. Answer. Yes; building not satisfactory. Prices are within keeping with other independent stores.
  12. Answer. Yes.
  13. Answer. Proper.
  14. Answer. No.
  15. Answer. Clean.

16. Answer. Very good.
17. Answer. Bus service from Marion is O. K.
18. Answer. Yes.
19. Answer. Twelve doctors in-patient care, the ratio is 148.5: 14 doctors available; 44 nurses and 15 cadets; 286 attendants. Need more doctors and nurses.
20. Answer. Yes. Capacity, 1,721; patients as of April 7, 1945, 1,782; emergency capacity, 1,904.
21. Answer. Inadequate pay; no complaints.
22. Answer. Need new neuropsychiatric hospital of at least 1,000 beds. Use old building for domiciliary care.
23. Answer. 39.6 January 1, 1944, to January 1, 1945. Family reasons.
24. Answer. No.
25. Answer. Unable to estimate.
26. Answer. No.
27. Answer. None.

OMER STEVENS, *Chairman.*

WILLIAM V. PIERCEALL,

CHARLES B. LINES,

*Members.*

#### VETERANS' ADMINISTRATION FACILITY.

*Indianapolis 44, Ind., April 4, 1945.*

Name of hospital: Veterans' Administration facility.

Address: Indianapolis, Ind. (general medical and surgical).

1. Answer. None.
2. Answer. Yes; if any.
3. Answer. Better than any other hospital, including private hospitals.
4. Answer. Yes.
5. Answer. Yes; some trouble with General Accounting Office with reference to purchasing appliances.
6. Answer. Yes.
7. Answer. Staff conference each Wednesday; discussion, new medicine and approved medicine. Also meet with Marion County Medical Association.
8. Answer. None.
9. Answer. None.
10. Answer. Yes; for present load, 346 beds. Need of recreational aid on wards.
11. Answer. Yes; within keeping with other small independent stores.
12. Answer. Yes; insufficient X-ray films. Now replacing old equipment.
13. Answer. Proper; if anything, a little too brief.
14. Answer. No; small percentage of patients believe to the contrary.
15. Answer. Hospital and grounds are clean.
16. Answer. Yes.
17. Answer. No. Have to catch car or bus in center of city and go north 30 squares and transfer to cross-town bus, sometimes have to wait 30 minutes.
18. Answer. Yes. Mail and records not so good; low pay. I believe, is the reason.
19. Answer. Ten doctors in-patient care, the ratio is 30.4. Eighteen doctors available, the ratio is 11 plus 33 nurses less chief and surgery nurses, ratio 9.212.
20. Answer. No—capacity 346—as of April 4, 1945—303 patients.
21. Answer. No complaints—pay inadequate.
22. Answer. Hospital now has 346 beds, recommend raise to 1,000 beds; type general and medical; recommend 500-bed hospital in some other part of State.
23. Answer. 7.2 percent past 6 months—family reasons and reduction in pensions.
24. Answer. No; would be better to employ nurse assistants.
25. Answer. Fifty percent.
26. Answer. No.
27. Answer. Recommend that the ward doctor give 1 hour each day in his office so that patients can have personal contact with him.

OMER STEVENS, *Chairman.*

CHARLES B. LINES,

WILLIAM V. PIERCEALL,

*Members.*



SURVEY OF UNITED STATES VETERANS' ADMINISTRATION FACILITY AT DES MOINES,  
IOWA

1. Answer. Yes; some patients have complained that their examinations in the clinic and hospital have not been as thorough as prior service examinations, and for some not as thorough as examinations at the USVA before the present war. A few complained because their service examinations, after weeks of hospitalization, and approved laboratory, and X-ray equipment, definitely established diagnoses, and degree of disability, and then the USVA in examinations in the clinic, consuming less than a day, claim that these established disabilities could not be found or were only slightly disabling. In one case, two Army X-rays established typical bony changes of arthritis and the USVA X-ray department said there was no evidence on their X-ray, taken less than a year after the Army determination. We also have some complaints as to the wait between entry into hospital and completion of examination and too long a wait between completion of the examination and commencement of treatment regime, particularly in surgery, and physiotherapy, and a feeling that treatments are limited, and because of this not fully effective as to physiotherapy.

2. Answer. No. Except that those responsible have asked the assignment of added professional and technical personnel. Patients do not complain or permit their names to be used in complaints, because of fear of reprisals.

3. Answer. In spite of overcrowding and lack of personnel it is believed that the USVA standards are higher than in most public hospitals in this State.

4. Answer. No; in the USVA all authorities are contained in detailed regulations and instructions from central office of the USVA, and these must be followed, except where written authorization to vary these instructions is received from that source.

5. Answer. They so state.

6. Answer. They do have sufficient authority to hire nurses and attendants, when such help is available, but not as to the hiring of doctors, who usually are assigned by transfer.

7. Answer. Apparently the budget or program do not provide for any such program where it might involve the hiring of outsiders to participate, and the staff is too undermanned and too busy to really provide other than a smattering of this.

8. Answer. We have had no food complaints.

9. Answer. At this hospital we have had no complaints of abuse, but we do have complaints of neglect as outlined in paragraph 1.

10. Answer. Recreational facilities are not adequate, but we have no complaints on this because most of the patients are acutely ill during hospitalization in this hospital, and there is no extended convalescence in hospital.

11. Answer. The only complaints on canteen came from USVA employees, but comparable prices in this city are higher. Patients are given preference, and the patients like the canteen and management. No charges have ever been made for cashing checks or other services.

12. Answer. We are not qualified to pass on the equipment, but the arrangements of the hospital clinical section could be enlarged and rearranged to greater advantage.

13. Answer. Yes; we again blame this to the fact that this hospital built for a capacity of 397 patients now boasts a capacity of 520, without sufficient space or personnel to operate efficiently at this capacity. It is believed that a return to original capacity would permit more thorough examinations, a higher standard of care, and a vastly more rapid turn-over of patients, who would leave the institution satisfied. A greater capacity and larger personnel are absolutely essential, but the capacity should not precede new construction, reorganization, and added personnel. We find that this hospital was built during the beginning of economy, and many features desirable for a hospital are left out, such as a basement under the hospital. We believe that many of the patients are kept twice as long as necessary. Other cases because of a lack of personnel are discharged without treatment or incomplete treatment because of lack of personnel.

14. Answer. Yes; but as a matter of fact patients are transferred off of receiving wards before treatment on wards is available.

15. Answer. Above the average of other hospitals visited.

16. Answer. The economic morale of patients is not good because the pension ratings based on examination reports are toward the minimum rather than the Nation-wide average. The morale as to examinations is not good because of a feeling that examinations in the out-patient clinic are both too rapid and not thor-

ough, and because in the receiving wards examinations are too slow and also not thorough, but, otherwise the morale is really good. Discipline is not strict, but there is very little difficulty, and we should say also that it is not lax. It is also the opinion of this committee that some of the personnel, both professional and lay, both hospital and regional office, have the attitude that most veterans are "goldbrickers," and we believe that some means should be found to eliminate such personnel.

17. Answer. No; this hospital is located at the top of a hill. Bus service during the period from 5 a. m. to 11 p. m., except during rush period 7 a. m. to 9 a. m. and from 3 p. m. to 5 p. m. runs once an hour, and each half hour during the rush. The streetcar to which most new veterans are directed stops at the bottom of the hill, and veterans then hike up the hill, which is not good for men and women who are ill.

18. Answer. We do not know what the VFW think of the contact service. We don't think that one USVA contact man at Schick General Hospital is sufficient with 2,200 patients, or that one man at Knoxville USVA Hospital is enough. Too much dependence is made on the American Red Cross for work that the USVA should be doing. In Iowa we have eight substation contact men in the field, whom we feel are capable but neither sufficiently trained or experienced as yet to do a really good job.

19. Answer. It is not fair to compare USVA with other public institutions because the USVA is responsible for an entirely different job. We sincerely believe that there is a definite lack of personnel in this hospital, and that some of the doctors are too old for active duty, and still others are country practitioners, who are not equipped by education or experience for the enormous job in the USVA.

20. Answer. It is our belief that every room of more than two-bed capacity is overcrowded. This crowding is apparent at a glance.

21. Answer. Medical personnel are bound by a code of professional ethics and do not complain, except against the general idea that General Hines is not a doctor, and many of the local managers are not doctors, and because of this their professional activities are hampered. While we have no concrete evidence, some of the doctors feel that they have not been given proper recognition both professionally and financially. There seems to be "a feeling" between the commissioned and noncommissioned personnel.

22. Answer. Provision must be made for women patients in each Government hospital. The hospital should be doubled in present capacity. This recommendation is based on hospitals in other States with comparable military population. A TB sanatorium of 200 beds should be provided, and NP hospital space provided for 2,000 patients.

23. Answer. The percentage who are discharged against medical advice is small, and most of them left because their stay in the hospital was too extended, and they had to get back to their means of a livelihood. A few left because they felt they were not receiving proper medical attention. Some left because they only came to the hospital for a check-up and not for extended treatment. Still others who were potential a. m. a. discharges talked to their doctors, and were given m. b. h. discharges.

24. Answer. Any help as nurses' aides, maids, orderlies, clerks, stenographers, no matter how obtained, would be a help. We must have more doctors, and specialized doctors should not be assigned duties as officer of the day, because most of them are of little value outside of their field. At least two doctors should be on duty outside of regular hours. More nurses should be on duty in a general hospital between 11 p. m. and 7 a. m. We must convert our hospitals into training schools so we can have services of student nurses and interns, and we must use consultant personnel from medical schools to instruct and treat in our hospitals. We must also use consultant specialists and fee basis doctors in all communities in which our hospitals are located. Such a service was being developed at the time of the Economy Act, and then practically abandoned.

25. Answer. Very few directly sign out against medical advice because of the reduction, but most all of them urge their doctors to discharge them in the regular manner, unless they are so disabled that they have no choice.

26. Answer. There are many complaints on this, particularly from psychoneurosis patients who also have other disabilities. These patients do not complain of this to doctors but rather to service organizations.

27. Answer. Competition, even in the field of medicine, creates a tolerance and fairness that cannot be attained by a single dictating doctor, or let us say a

doctor who is without the sphere of medical research, and we recommend in this hospital at least two learned in a specialty, plus a local consultant and a consultant from the nearest medical center. We also recommend postgraduate training for all doctors, whether in an administrative capacity, rating boards, clinic, or hospital, and that each doctor specialize in diagnoses of ailments, as well as any other specialty selected for or by him.

We recommend the selection and appointment of a fee-basis doctor in each county to whom a veteran may report free of charge to determine need of hospital care or out-patient treatment, rather than the crowding of out-patient clinics for these examinations. Such a doctor should be given training for this work.





# INVESTIGATION OF THE VETERANS' ADMINISTRATION WITH A PARTICULAR VIEW TO DETERMINING THE EFFICIENCY OF THE ADMINISTRATION AND OPERA- TION OF VETERANS' ADMINISTRATION FACILITIES

THURSDAY, JUNE 14, 1945

HOUSE OF REPRESENTATIVES,  
COMMITTEE ON WORLD WAR VETERANS' LEGISLATION,  
*Washington, D. C.*

The committee met at 10 a. m., Hon. John E. Rankin (chairman) presiding.

The CHAIRMAN. The committee will be in order. I will ask the clerk to call Mr. McQueen.

Members of the committee, Colonel Verdel, of the Northport Veterans' Hospital, is here this morning and we have asked him to testify. We are going to ask Colonel Verdel to come around.

## STATEMENT OF COL. LOUIS F. VERDEL, MANAGER, VETERANS HOSPITAL, NORTHPORT, LONG ISLAND, N. Y.

The CHAIRMAN. Colonel, let me ask you in advance if you have any objection to having your picture taken?

Colonel VERDEL. It is entirely up to the committee, sir. If they have no objection I have none.

The CHAIRMAN. Is the photographer present? He does not want to be coming in here disturbing us.

If you want to take this man's picture, do it now. [To photographer:] What is your name?

Mr. FRIER. Milton Frier, Acme News Pictures.

(There was a brief pause in the proceedings.)

The CHAIRMAN. Colonel Verdel, give your name and address to the stenographer, please.

Colonel VERDEL. Louis F. Verdel, veterans' hospital, Northport, Long Island, N. Y.

Mr. McQUEEN. Doctor, now state your educational qualifications, what school or schools are you a graduate of?

Mr. DOMENGEAUX. Mr. McQueen, speak a little louder, please.

The CHAIRMAN. We cannot hear you.

Mr. McQUEEN. Mr. Chairman, I would like to see what schools the witness is a graduate of, that has been the practice.

The CHAIRMAN. Yes.

Will you be sworn, please?

(Colonel Verdel was duly sworn by the chairman.)

Colonel VERDEL. I was born in Memphis, Tenn., January 24, 1896.

The CHAIRMAN. Colonel, you will have to speak louder so we can hear you.

Colonel VERDEL. I attended school in Memphis, received my medical degree at the National University in St. Louis, Mo., in 1915.

I served my general internship in St. Joseph's Hospital, 1 year in Memphis, Tenn.

I had a residency in psychiatry at central State hospital at Nashville, Tenn., and was on the staff of the Vanderbilt University during the school year of 1921, and I entered the Veterans' Administration service January 1, 1922, in the regional office at Nashville, Tenn., as an examiner.

I was promoted to subdistrict medical officer and then to regional medical officer. I was transferred from Nashville, Tenn., to the veterans' hospital at Memphis, Tenn., in 1929, where I remained until 1930, and was transferred to the veterans' hospital at Northport.

I remained there until 1933, when I was promoted to chief of service and then to veterans' hospital at Augusta, Ga.

I was then in that hospital for 4 years, then transferred to the veterans' hospital at Roanoke, Va., as chief medical officer.

I remained in that hospital for 7 years and was transferred to Northport June 16, 1944.

Mr. McQUEEN. As manager?

Colonel VERDEL. As manager.

Mr. McQUEEN. And chief medical officer?

Colonel VERDEL. No; just manager.

Mr. McQUEEN. Just manager. Now, Doctor, did you serve in the First World War?

Colonel VERDEL. I was with the Twenty-eighth Infantry of the First Division.

Mr. McQUEEN. As medical officer?

Colonel VERDEL. As medical officer; 13 months overseas.

Mr. McQUEEN. Now, Doctor, you have been called here in regard to irregularities that have been brought out in regard to the facility at Northport, Long Island. I understand from you this morning that you have no prepared statement. Is that right?

Colonel VERDEL. No, sir; I have not.

Mr. McQUEEN. I want you to state to the committee from the time you entered this hospital, as you can, bring this down to date on the management—as to the management of the hospital under your supervision, and then the committee will ask you any questions that they care to.

Colonel VERDEL. Well, I went there June 16. The hospital was terribly run down.

The CHAIRMAN. What hospital is that?

Colonel VERDEL. Northport.

Mr. DOMENGEAUX. What year?

Colonel VERDEL. 1944. The physical condition of the hospital was run down; what we term the "clinical records" were behind; we had Army records there that were sent in for review that should be referred to the regional office within 10 days, that had been there sometimes as much as 2 months' time.

We had to straighten those out.



Mr. DOMENGEAUX. Who was the previous manager?

Colonel VERDEL. Dr. George Brewster.

Mr. DOMENGEAUX. What happened to him?

Colonel VERDEL. He retired.

The establishment was run down; the equipment was run down, it was not clean; and that required considerable time of the manager. He retired.

The dietetic establishment had run down, the equipment was run down, it was not clean. That required considerable time of the manager.

We did not have personnel.

Previously, the Army had sent in approximately 200 colored soldiers to act as attendants. They had been there about a year as I recall, when I went there.

The manager's job is one that requires supervision of the entire institution.

The institution has come up; we have been able in spite of personnel shortage—we have made considerable improvements.

We have now only 447 employees to operate this entire institution of 2,800 patients. That is far short of what we need. We have vacancies in every department of the hospital.

Mr. McQUEEN. Doctor, you must talk louder. I do not believe all of them can hear you.

Colonel VERDEL. In order to carry on the job of treatment that we would like to carry on, that we want to carry on, it would require at least 600 attendants alone.

Now, the 447 employees that I mentioned does not include the soldiers. We have authorized strength of 340 soldiers from the Army.

Approximately 130 of those are colored troops and approximately 200 are white troops.

We are getting limited-service men, a number of them that have been overseas.

A large percentage of these men that have been overseas resent the fact that they are detailed to veterans' hospitals, especially hospitals for the treatment of the mentally ill.

Mrs. ROGERS. What type of disability do they have, Colonel?

Colonel VERDEL. Well, we have 60 that have only one eye each.

Mrs. ROGERS. Oh, I think that is a scandal to send men to you with only one eye. They must be alert; their eyes need to be everywhere.

Colonel VERDEL. That is true.

Mrs. ROGERS. I think that is a scandal.

Mr. KEARNEY. Mr. Chairman, may I make a suggestion, and I am speaking for myself, also, because I am at fault there. May I suggest that the doctor be allowed to make the statement, and then we can examine him.

The CHAIRMAN. I think you are correct. Doctor, you go ahead and make your statement, and then we will ask you whatever questions the members of the committee desire.

Colonel VERDEL. We have had to use these attendants in wards that ordinarily we would not put untrained people in. We have given them courses of instruction, they have been taught and talked to by the manager, the clinical director, the chief nurse, and they have had a series of lectures by these other members of the personnel. We

cannot keep these men off the wards long enough to give them a prolonged course of instructions because we do not have the attendants to take care of the patients.

Every attendant that goes to Northport to work is cautioned the first day, before he goes on duty, about the abuse of patients.

Mr. DOMENGEAUX. What did you say? About what?

Colonel VERDEL. Every attendant before he is placed on duty is interviewed by the supervisor of attendants, the chief nurse, the clinical director, and myself.

In my talk with him I stress he must not, under any circumstances, abuse a patient.

I tell him that even in self-defense the abuse of a patient is inexcusable.

In spite of the instructions that they have these things do happen. They have happened ever since they have had institutions.

The Northport Facility has been severely criticized on account of these courts martial. I think it proves the hospital has courage and the people there are doing everything they are able and can to prevent these things.

That has been the hospital's attitude, and it has been my attitude ever since I have been in the veterans' service, and there isn't any member of the personnel or on the staff that I have been on but what will tell you what my attitude about it is.

I would like to submit for the committee a poster that I have had placed in every attendant's room on this subject.

The CHAIRMAN. Do you want to submit that for the record, Doctor?

Colonel VERDEL. Yes, sir.

The CHAIRMAN. All right. It is so ordered.

(The poster referred to follows:)

#### NOTICE

Mistreatment of patients will not be tolerated.

Anyone found guilty of mistreatment or of rough handling of patients will be subject to dismissal from the Veterans' Administration and subject to legal prosecution.

LOUIS F. VERDEL,  
Colonel, Medical Corps,  
Manager.

Colonel VERDEL. I would also like to submit for the committee's consideration a form I have signed up—it is signed by every attendant that comes on duty in the hospital and every attendant that was on duty when I went there.

Mr. McQUEEN. This can be put in the record after we examine him.

The CHAIRMAN. Yes.

Mr. McQUEEN. This book that you have, doctor, is Instructions for Hospital Attendants, and is for attendants at NP hospitals. Is that right?

Colonel VERDEL. Yes, sir; that is the book of instruction that is gotten up by the central office.

Mr. MATHES. Give us the page number where those paragraphs are.

Colonel VERDEL. That is on the form.

Mr. McQUEEN. Yes; the particular page in that book is given on the form he refers to.

Colonel VERDEL. I would also like to submit a memorandum that was sent to the personnel last September on this same subject of abuse of patients.

The CHAIRMAN. When was this poster posted, Colonel?

Colonel VERDEL. That was posted early in December. The other form that the attendants were signing was gotten out—I do not have the date—there is a place provided there for the date—when the attendant comes on duty.

Mr. McQUEEN. Now, doctor, getting down to the matters that were brought before this committee, as to irregularities, mistreatment of patients, and so forth, that happened since the 1st of January this year, will you relate what you know of your personal knowledge of those instances?

Colonel VERDEL. Those instances were brought up by investigators of the central office after undercover men—and they were not FBI men, they were employed by the Veterans' Administration for that purpose.

The instances happened around in January and February. I have not had a copy of the final report that has been made with reference to this investigation.

I feel that I should also add that the investigators recommended charges against the 10 soldiers.

There were three other soldiers that the investigator did not feel that he had sufficient evidence to warrant court martial.

Mr. DOMENGEAUX. Pardon me. When you speak of soldiers, you mean attendants?

Colonel VERDEL. Attendant soldiers.

Mr. DOMENGEAUX. Not patients.

Colonel VERDEL. However, I recommend these attendants—these additional soldiers for court martial.

The CHAIRMAN. Were those white soldiers or Negroes?

Colonel VERDEL. They were Negro soldiers.

The CHAIRMAN. All of them Negroes?

Colonel VERDEL. Yes, sir.

The CHAIRMAN. Is this a white hospital?

Colonel VERDEL. Yes, sir.

The CHAIRMAN. You have Negro patients in there, too?

Colonel VERDEL. There is no segregation at Northport.

The CHAIRMAN. No segregation?

Colonel VERDEL. No, sir.

The CHAIRMAN. And it was these Negro soldiers that were sent in there by the Army that were court-martialed for this mistreatment of those patients?

Colonel VERDEL. Yes, sir.

The CHAIRMAN. Were the ones they mistreated whites or Negroes?

Colonel VERDEL. They were white.

The CHAIRMAN. Were they Negroes there when you went there, Colonel, or did you ask for them to be sent there?

Colonel VERDEL. They were there when I went there. They had been there about a year.

In Roanoke, when I asked for help from the Army, at that time we requested that we be given white soldiers. I was informed that there were no white soldiers available.



During the investigation at Northport, the investigators and myself discussed the matter of changing these soldiers from colored to white with the representatives of the Second Service Command from Governors Island.

They informed us that they did not feel that they could supply us with sufficient white soldiers.

Then General Hines took it up with the War Department and we were given approximately 200 white soldiers and 150 of the colored were moved out.

It is the intention of the Second Service Command to remove the remaining colored soldiers when they can be replaced by whites.

I think the committee will know of the availability of these white soldiers.

For example, they had 40 at Camp Upton.

I asked the company officer to go out and reexamine these men.

The CHAIRMAN. Now, Colonel, will you detail the mistreatment that these Negroes inflicted on these white patients for which they were court-martialed.

Colonel VERDEL. I beg your pardon. I did not understand you.

The CHAIRMAN. I say, will you given us in detail the mistreatment that these Negroes inflicted on these white patients for which they were court-martialed?

Colonel VERDEL. One of them struck a patient with a towel that he had tied a knot in. Another had struck a patient in the chest. Another had struck a patient on the jaw. Another one had slapped a patient with his open hand. I do not recall the specific instances in each case.

The CHAIRMAN. These were all Negro soldiers?

Colonel VERDEL. They were all Negro soldiers.

The CHAIRMAN. And these were all white patients they attacked?

Colonel VERDEL. Yes, sir.

Mr. DOMENGEAUX. Were there any serious injuries that resulted to any of the patients?

Colonel VERDEL. I am not in position to say but I believe there were some fractures. I could not say. However, that is the—that is in the report of investigation.

Mr. DOMENGEAUX. Fracture of the limb or limbs?

Colonel VERDEL. I think there was one fracture to the ribs.

Mrs. ROGERS. Were there white attendants involved there?

Colonel VERDEL. There were whites. Their abuse was just about like the colored, they had struck them; they had choked them and, I would like to add that these white attendants had been with the hospital, some of them, back as far as 1931. They were old attendants who had had experience.

Mr. McQUEEN. You were starting to say something about the physical condition of soldiers that were assigned to you as attendants when someone asked you a question. State generally to the committee the class of soldiers and the physical condition of soldiers that are assigned to you there as attendants.

Colonel VERDEL. The majority of them are in poor condition. I do not know whether I finished or not.

I got permission to send this officer out to reexamine these 40 men that they had at Camp Upton, and we were only able to get 10 out of the 40 that we thought were suitable for attendants.

The officers' judgment was a little wrong because two of those he said had to be sent away from the station.

Mr. McQUEEN. How about their eyes?

Colonel VERDEL. We had two of them that had glass eyes.

Mrs. ROGERS. You did not refuse to take them?

Colonel VERDEL. We did not refuse to take them. They were sent to us and we had to try them out. We are in a desperate situation for personnel. We have combed Long Island, we have gone to civic agencies, we have gone to defense plants, we have gone to employment agencies trying to get personnel to take care of our work.

Mrs. ROGERS. Who did the screening?

Colonel VERDEL. It was done by the Army.

Mrs. ROGERS. Yes; but what department of the Army?

Colonel VERDEL. I believe it was a representative from the Second Service Command.

Some of the soldiers were screened down in Indiana and Pennsylvania.

Now, from a captain, the commanding officer of the detachment—he did the screening of the 40 that I mentioned at Camp Upton.

I do not know whether the committee understands the arrangement about having these soldiers in the Veterans' Administration. The manager of a station has no disciplinary authority whatever. All he can do is recommend to the company commander.

The CHAIRMAN. Colonel, do you not think we would get along a great deal better if we segregated the Negroes and whites in these hospitals all over the country?

Colonel VERDEL. Yes, sir. That is my personal feeling.

It has never been done at the hospitals in Northport, as far as I know.

When I was there in 1930 the same conditions existed then.

The CHAIRMAN. You said all these soldiers who were convicted by this court martial were Negroes.

Colonel VERDEL. Yes, sir.

The CHAIRMAN. And they were convicted of cruelties to white patients.

Colonel VERDEL. Yes, sir.

Mr. CARNAHAN. Those cases of cruelties, were those soldiers or civilians?

Colonel VERDEL. The white ones were civilian attendants.

The CHAIRMAN. What did you do to them?

Colonel VERDEL. Sir?

The CHAIRMAN. What did you do to them?

Colonel VERDEL. As soon as we found out about that we suspended them immediately and preferred charges against them. And they have been separated from the wards, and I understand that the district attorney in Brooklyn has been requested to institute proceedings.

The CHAIRMAN. They were not subject to court martial because they were not in the Army.

Colonel VERDEL. No, sir; they were civilians.

Mr. CARNAHAN. The military personnel they send to you is under the direction of somebody connected with the Army?

Colonel VERDEL. Yes, sir.

Mr. CARNAHAN. It is not under your direction?

Colonel VERDEL. They have their own officer. I cannot take any action against them at all. I cannot even prefer court-martial charges against them.

Mr. SCRIVNER. Mr. Chairman, it is just as reprehensible to mistreat these patients, whether they are white or colored soldiers, and I think we are getting away from the motion that was presented by Colonel—by Mr. Kearney to let the colonel make his statement.

The CHAIRMAN. Yes; have you finished your statement?

Colonel VERDEL. Yes, sir.

The CHAIRMAN. I thought he had finished his statement.

Mr. SCRIVNER. I did not understand that he had.

Mr. MATHES. Mr. Chairman, I have here three experts sent by the State authority—I cannot recall his exact name, but it is the State authority which inspects all mental hospitals, State and Federal, situated within the confines of New York State.

I brought them here because I thought the committee would like to have those reports by a State inspector in connection with Northport, in connection with Colonel Verdel.

I have them if you desire them.

The CHAIRMAN. Will you turn those over to counsel?

Mr. MATHES. Yes, sir.

Mr. CARNAHAN. Did you request this investigation?

Colonel VERDEL. I did not. It was started by central office.

Mr. BENNETT. Colonel, did race enter into that difficulty or was it just coincidence that colored boys were involved?

Colonel VERDEL. Well, that would be rather a difficult question.

Mr. BENNETT. You did not say.

Colonel VERDEL. No; I did not. That was brought out by the court-martial trial and I do not think it was brought out by the investigators who interviewed these men.

When the investigator goes to a station he interviews these people and the manager has nothing to do with it at all. It is handled entirely by central—central office investigators.

Mr. BENNETT. It was by white as well as colored?

Colonel VERDEL. Yes.

Mr. KEARNEY. Mr. Chairman?

The CHAIRMAN. The gentleman from New York.

Mr. KEARNEY. I am the member of the committee who sent the telegram to General Hines.

Colonel VERDEL. Yes, sir.

Mr. KEARNEY. As a matter of introduction of myself to you.

I want to say, at the outset, that we are not here to persecute any individual. What we are here for is to answer questions and ascertain the truths and find out what is wrong with the management of these hospitals and the treatment of the veterans and then proceed with charges if they are necessary to be filed.

These incidents that caused court martial of the 15 soldiers and the forwarding of charges with a United States attorney in Brooklyn of the 7 medical attendants took place about when?

Colonel VERDEL. January and February.

Mr. KEARNEY. Of 1945?

Colonel VERDEL. Yes, sir.

Mr. KEARNEY. And as a result the soldiers have already been court-martialed?



Mr. VERDEL. Yes, sir.

Mr. KEARNEY. And were they court-martialed at Governors Island?

Colonel VERDEL. Yes, sir.

Mr. KEARNEY. Was it a summary court or a general court?

Colonel VERDEL. Summary court, as I understand it.

Mr. KEARNEY. Do you know what the sentences were?

Colonel VERDEL. I do not. I think that that is a matter of record in the central office.

Mr. KEARNEY. Did you hear what the sentences were?

Colonel VERDEL. I heard that it ran from 2 to 6 months.

Mr. KEARNEY. And forfeiture of pay?

Colonel VERDEL. And forfeiture of some pay, I think some of them as much as \$18.

Mr. KEARNEY. Now, did you personally forward to the United States attorney the charges against the white attendants?

Colonel VERDEL. No, sir; I did not do that.

Mr. KEARNEY. Do you know who did that?

Colonel VERDEL. That was done by central office, the Solicitor's office.

Mr. KEARNEY. Do you know when those charges were sent to the district attorney?

Colonel VERDEL. No, sir.

Mr. KEARNEY. Well, if these charges were placed early in this year, the United States attorney has had before him the charges against the white attendants for some time; is that not so?

Colonel VERDEL. Mr. Kearney, I do not know that I can answer that. I do not know how soon the Solicitor's office got that. They do not come through me.

Mr. KEARNEY. Did you forward to the central office the charges against the white attendants?

Colonel VERDEL. They were sent a copy.

Mr. KEARNEY. About when did you send them?

Colonel VERDEL. I preferred the charges as soon as the investigator disclosed that they had abused the patients.

Mr. KEARNEY. About when did you send those in, if you remember?

Colonel VERDEL. I will see if I can find them [examining papers].

I preferred the charges on April 3, 1945, and they went in on that same date to central office.

Mr. KEARNEY. April 1945.

Colonel VERDEL. Yes.

Mr. KEARNEY. And did you immediately suspend the attendants?

Colonel VERDEL. They were immediately suspended; yes.

Mr. KEARNEY. Are they still on the suspension list?

Colonel VERDEL. They have been separated from the service.

Mr. KEARNEY. But the charges are still before the United States attorney?

Colonel VERDEL. Yes; as far as I know.

Mr. KEARNEY. Now, since that day have you had any other cases of abuse by either soldiers or attendants?

Colonel VERDEL. I have not found any.

We have a Form 2633 that whenever there is an injury or accident occurring on a ward, the one that witnesses this accident makes out a report. Then it is investigated by the ward surgeon. Then it goes to the clinical director and finally the manager.

If the clinical director or manager feels that the accident happened as a result of carelessness on the part of the employees, a board is appointed to investigate.

If that board discloses any abuse of patients, then charges are preferred against the individual.

Mr. KEARNEY. Well, have there been any disclosures since the incident we spoke of in January?

Colonel VERDEL. We have had none.

Mr. KEARNEY. Is it not true that a lot of these attendants will not make complaints against other attendants even when they hear of cases of abuse?

Colonel VERDEL. That is very true. They have what you might call a code of ethics that they will not testify against each other; and that is also true of soldiers.

And that is one of the reasons it is so difficult to find these things out.

I suppose I have appointed 40 or 50 boards since I have been at Northport.

Mr. KEARNEY. Because of abuse?

Colonel VERDEL. No; in case of accident. If a patient has a black eye, for instance, then a board would be appointed to investigate.

Mr. KEARNEY. Well, generally black eyes are not wished on one.

Colonel VERDEL. That is right. They may say they ran into a wall.

Mr. KEARNEY. You have stated in replying to a question by one of the members of the committee that there had been some fractures in these specific cases.

Will you tell the committee just what those fractures consisted of?

Colonel VERDEL. As I recall it, it was fracture of the ribs.

Mr. KEARNEY. Were there broken noses?

Colonel VERDEL. There may have been. I do not recall.

Mr. KEARNEY. Would you say there was not?

Colonel VERDEL. No; I would not say that.

Mr. KEARNEY. Were there any broken arms?

Colonel VERDEL. No—

Mr. KEARNEY. You have not seen a copy of those?

Colonel VERDEL. No. As far as I know, there were not any broken arms.

Mr. KEARNEY. Was there a case where one of the attendants struck a patient in the nose with his fist and broke his nose?

Colonel VERDEL. I do not know; that is in the investigators' report. It may be shown.

Mr. KEARNEY. Do you know whether there are any cases of a fractured jaw after being struck in the face with an attendant's fist?

Colonel VERDEL. We had one case of a fractured jaw that we could not place the responsibility on an employee.

It occurred to a patient who had just had a seizure and fallen out of the chair.

There was some question about it, because someone said the first thing he saw was two big hands.

We tried to find out if one of the attendants was responsible who had big hands.

Mr. KEARNEY. It is rather difficult to get testimony from an epileptic who has had seizures?

Colonel VERDEL. Very difficult.

Mr. KEARNEY. And he may not have seen two big hands?

Colonel VERDEL. That may have been just an optical illusion when he was going into the seizure.

Mr. KEARNEY. These soldiers, I understand you say 60 of them had 1 eye.

Colonel VERDEL. Yes.

Mr. KEARNEY. And how many of those soldiers, if you know, had either hernia or double hernia?

Colonel VERDEL. Well, I have the report here that I can submit to the committee that was compiled back in May.

Mr. KEARNEY. Now, a man who was working—and I assume that these soldiers were more or less performing the duties of an attendant in the hospital—is that correct?

Colonel VERDEL. The majority of them were assigned as attendants.

Mr. KEARNEY. So, if that is true, a man with hernia would be a rather poor working attendant, would he not?

Colonel VERDEL. He would, especially trying to handle acute or disturbed patients.

Mr. KEARNEY. Disturbed patients.

Colonel VERDEL. Yes, sir.

Mr. KEARNEY. Are all of the soldiers up there now colored soldiers?

Colonel VERDEL. No, sir; there are 130 colored and approximately 200 whites.

Mr. KEARNEY. So, out of the 60 that have only 1 eye, roughly, going over the list here, I see, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16—30 who were afflicted with hernia. There are some remarks afterwards but I do not know whether it is double hernia or just the ordinary case of hernia.

Colonel VERDEL. Well apparently it was bad enough.

Mr. KEARNEY. But those men are absolutely worthless to you, are they not?

Colonel VERDEL. We have tried to use them on wards in order to come up to their quota, things like these wards of that type in which patients do not get the service.

Mr. KEARNEY. A man with fracture of the left tibia would not exactly be a good attendant for the hospital, especially an NP hospital, would he?

Colonel VERDEL. No, sir.

We did have worlds of them who are not suitable for attendants.

Mr. KEARNEY. In other words, out of your total complement of Army personnel at the hospital, how many of them would you say offhand, if you know, are proper personnel for the hospital that you are in charge of?

Colonel VERDEL. Do you mean that just from a physical standpoint?

Mr. KEARNEY. Physical, mental.

Colonel VERDEL. Adaptability?

Mr. KEARNEY. No; I am going to leave adaptability out, because I realize there are plenty of cases today where you have to have men who are not trained personnel, but I mean men lacking one eye, individuals with hernia.

Colonel VERDEL. Well——



The CHAIRMAN. Colonel, may I suggest you ask how many of these people he would accept if he had his way?

Mr. KEARNEY. That is what I mean. I just put it a little differently.

Colonel VERDEL. I would say at least 50 percent of them.

Mr. KEARNEY. At least 50 percent.

Colonel VERDEL. Yes.

I mean by that, if I had the opportunity of hiring them as attendants, that I would not hire them.

Mr. KEARNEY. So, in other words, the 50 percent that you speak of, as far as the well-being of the hospital is concerned, they are absolutely worthless?

Colonel VERDEL. Yes, sir.

Mr. KEARNEY. That is not due to the fault of the central office, but that is due to the fault of the Army that sends them there?

Colonel VERDEL. Well, I would say it is due to the fault of the Army. Whether they can do any better or not, I do not know. They send them to us. We did not go get them.

Mr. KEARNEY. Well, it is generally customary in the Army, when they want to transfer soldiers from some command they generally get rid of those they do not want. You have been in the Army long enough to know that.

Colonel VERDEL. I think the general has been in the Army, too. He knows that.

Mr. KEARNEY. Well, is it true?

Colonel VERDEL. It is true.

Now, the Second Service Command told me they did not even have enough men to guard the German prisoners.

Mr. KEARNEY. Well, I do not think they need any guarding. If they are treated as well as the newspapers say they are, I do not think they would run away far.

Colonel VERDEL. Well, I would not.

Mr. KEARNEY. You would not?

Colonel VERDEL. No.

Mr. KEARNEY. How many doctors do you have altogether in your institution?

Colonel VERDEL. I have 19 doctors altogether. Do you mean doctors—

Mr. KEARNEY. Doctors who were transferred from the War Department.

Colonel VERDEL. From the War Department?

Mr. KEARNEY. Who were on temporary duty.

Colonel VERDEL. Give me a moment, Mr. Kearney.

The CHAIRMAN. Do you have the names, Colonel?

Colonel VERDEL. Yes; but I do not have their initials.

The CHAIRMAN. Just read them into the record. That will give us sort of an idea.

Colonel VERDEL. I have five.

The CHAIRMAN. Do you mind his reading those names into the record?

Mr. KEARNEY. No.

The CHAIRMAN. Read those into the record.

Colonel VERDEL. Lieutenant colonel—now, I am adding this officer's name—he reported on one day and went on sick leave the next day, and I have not seen him since. I do not know where he is.

As we have not received any orders to drop him, we are still carrying him.

Lieutenant Colonel Steinberg.

The CHAIRMAN. Do you know where he was from?

Colonel VERDEL. I think in Pennsylvania, sir. He planned, as he told me, to take some postgraduate work, I think, at Mount Sinai Hospital.

A lieutenant—Lieutenant Steinberg—no relation.

I would like to get into the record this man's record. This officer reported on December 23, 1944, coming from the Army.

The CHAIRMAN. Which one is that?

Colonel VERDEL. This is Lieutenant Steinberg. The other was Lieutenant Colonel Steinberg.

The CHAIRMAN. Where is this lieutenant from?

Colonel VERDEL. I do not know, sir. I do not have that information.

The CHAIRMAN. That is all right.

Colonel VERDEL. He reported on December 23, 1944, and he went on sick leave on January 28, 1945.

The CHAIRMAN. You say he reported in 1924?

Colonel VERDEL. 1944.

The CHAIRMAN. On what day?

Colonel VERDEL. December 23, 1944.

He went on sick leave January 28, 1945; remained on sick leave until February 20, 1945.

He went on sick leave again on March 7, 1945; and he is also among the missing.

We have not been able to find him.

The CHAIRMAN. What does he contend is wrong with him?

Colonel VERDEL. He had an ear condition, sir.

The CHAIRMAN. An ear condition?

Colonel VERDEL. Yes, sir.

The CHAIRMAN. What did Lieutenant Colonel Steinberg say was wrong with him?

Colonel VERDEL. He was examined by the Army and given a diagnosis of neurosis.

The CHAIRMAN. Neurosis?

Colonel VERDEL. Yes.

Mr. KEARNEY. He would be a fit subject for your hospital.

Colonel VERDEL. Maybe I was guilty when I explained to him what his duties were and he said he had to go on sick leave.

The CHAIRMAN. Who is the next one?

Colonel VERDEL. I have a Lieutenant Mohamet, of Terrerra.

I cannot spell it. I am sure I can get it off the central office records here.

The CHAIRMAN. All right. Give us his record.

Colonel VERDEL. He just came into the service. He was accepted into the Army and transferred immediately to the Veterans' Administration.

As I understand his record, he has had no Army experience at all.

Mr. KEARNEY. Do you mean he has been accepted into the Army and immediately transferred to the Veterans' Administration?

Colonel VERDEL. That is as I understand it.

Mr. KEARNEY. Is that not a rather unusual procedure?

Colonel VERDEL. Well, we have had to use some unusual procedures to get men. I think that is correct.

The CHAIRMAN. Is this man a native-born American, do you know?

Colonel VERDEL. I do not know. He went to school in New York.

Mr. BENNETT. Is he on the job?

Colonel VERDEL. He is on the job.

Mr. KEARNEY. As I understand, you are under the rules and regulations of the War Department.

Colonel VERDEL. Yes, sir. And I am in an embarrassing position. I am trying to serve both masters, the War Department and this committee.

Mr. KEARNEY. Well, I do not want to embarrass you.

These five doctors you spoke about, will you tell the committee, in your opinion, are these men fitted by training or otherwise to be in a veterans' hospital?

The CHAIRMAN. Give their names.

Colonel VERDEL. Lieutenant Singer and Major Kettle.

The CHAIRMAN. Now, those are the five Army doctors, are they?

Colonel VERDEL. Yes.

The CHAIRMAN. They are not all on sick leave, are they?

Colonel VERDEL. No, sir; only the two Steinbergs are on sick leave.

Mr. CARNAHAN. You have then, any knowledge of their Army service?

Colonel VERDEL. No. There have been some conflicting orders about this Lieutenant Steinberg. He first went to some other hospital—he went to Mason General Hospital, and then some other hospital, and we had an order that we constructed that he was to return to duty on May 25, but “if not, as is customary, give us the date he was dropped.”

We had that order, and they sent us some more orders, and I could not interpret them, and we sent to the service command to know when we were to pick the man up.

Mr. CARNAHAN. But you know whether they had been—I wonder whether they had been farmers.

Colonel VERDEL. I do not think any of these men had been farmers. I do not want to make that as a statement, but I doubt if they have.

Mr. KEARNEY. Now, Doctor, do you care to answer the question that I asked you? As I say, I do not want to embarrass you. You may answer yes or no.

Colonel VERDEL. Well, if I may do it that way, I would say not—I would rather not answer.

Mr. KEARNEY. All right.

The CHAIRMAN. Now, let me say to the committee that this is an investigation by a committee of the Congress of the United States. When witnesses come here that feel that they are under obligation not to testify publicly, we can go into executive session and testify.

Because here you have a very serious charge, and if a man is unable to give the facts because he is in uniform, and some of the men who are under him or with him are in uniform, I think probably it would be best to get that information in executive session.

I think we should have it.

Mr. KEARNEY. It is also true, Mr. Chairman, in any investigation where the Army is concerned, if they feel they may be embarrassed or



penalized for answering questions, we are going to get nowhere with the investigation.

The CHAIRMAN. That is right.

Mr. KEARNEY. Now, I am not criticizing Colonel Verdel, because I know from knowledge what it means to testify, particularly in a situation like this, and that the individual is not only the manager of a veterans' facility, but he is also an officer of the Army of the United States.

Now, let me waive that for a few minutes and go on with the examination.

The CHAIRMAN. You might want to ask these questions later.

All right. Go ahead.

Let me ask the Colonel at this point to insert—get a list of all the doctors in your hospital and insert it into the record at this point.

Will you do that, Colonel?

Mr. MATHES. I think we have it.

The CHAIRMAN. Give their birthplaces and where they come from and when they entered the Veterans' Administration.

Mr. McQUEEN. We will get it. Have you the list?

Colonel VERDEL. I do not have that list.

If I may, Mr. Chairman, I would like to submit this form showing the authorized physicians and the number of vacancies we have at the Northport Facility.

The CHAIRMAN. Do you want to read it?

Colonel VERDEL. No, sir. It is a long list. If I may just submit it.

Mr. KEARNEY. I was coming to that.

Mr. McQUEEN. We will put it in when you get through. Go ahead, Colonel.

Mr. KEARNEY. Doctor, among your hundreds of patients out there, did you ever hear of Edward Fortune?

Colonel VERDEL. Yes, sir.

Mr. KEARNEY. And for the record I will say he is the patient who visited the—he is the patient who instituted the writ of habeas corpus.

Colonel VERDEL. I know the man.

Mr. KEARNEY. Can you state what his physical condition was at that time?

The CHAIRMAN (interposing). What is the bed capacity of that hospital?

Colonel VERDEL. Two thousand eight hundred and six.

The CHAIRMAN. How many patients do you have?

Colonel VERDEL. Two thousand seven hundred and five when I left.

The CHAIRMAN. You had a few vacancies?

Colonel VERDEL. Yes.

The CHAIRMAN. You had how many?

Colonel VERDEL. Two thousand seven hundred and five. Now, our official capacity is 2,312.

The CHAIRMAN. Do you consider that a crowded condition?

Colonel VERDEL. No, sir; that is our official capacity and we had added these additional beds.

The CHAIRMAN. Pardon me, Colonel Kearney. I just wanted to get those facts in mind.

Mr. KEARNEY. Some time ago, either individually or through an attorney, a writ of habeas corpus was issued by the supreme court judges of the court in Nassau County.

Colonel VERDEL. Yes.

Mr. KEARNEY. To bring this individual before the court.

The CHAIRMAN. First, was he committed, or was he in there voluntarily?

Colonel VERDEL. I would prefer to discuss that in closed session, because we are not supposed to disclose any information of that nature about our patients.

I am perfectly willing to discuss it here in closed session.

Mr. KEARNEY. Temporarily, I will withdraw the question because of the regulation.

Colonel VERDEL. I will be glad to discuss it in closed session.

Mr. KEARNEY. How many doctors have you in this facility at this time?

Colonel VERDEL. Nineteen.

Mr. KEARNEY. That is 19 doctors to take care of 2,705 patients.

Colonel VERDEL. Yes, sir.

Mr. KEARNEY. How many nureses?

Colonel VERDEL. Forty-seven nurses.

Mr. KEARNEY. What is the authorized strength of the nurses?

Colonel VERDEL. We have authorized places for—we have authorized 75. I do not think there is any question but that we should get an—we should get that authorized strength increased however. We need more than 75.

Mr. KEARNEY. That is a little under 30 patients to 1 nurse.

Colonel VERDEL. Well, we have to think of three shifts that we have. We have to serve, naturally, 24 hours a day, and the nurses work 8 hours a day.

Mr. KEARNEY. You have three shifts of nurses?

Colonel VERDEL. Yes.

Mr. KEARNEY. Doctor, have you made any complaints to the central office concerning the situation at Northport?

Colonel VERDEL. You mean in reference to personnel?

Mr. KEARNEY. With reference to outside—you did testify that you referred the matters of abuse to the central office?

Colonel VERDEL. I have written central office several times. I do not have copies of the letters. Presenting the picture to them with reference to nurses and doctors and also the attendants.

Mr. KEARNEY. Your hospital was investigated by the veterans' organizations.

Colonel VERDEL. Yes, sir.

Mr. KEARNEY. And in addition to that, three so-called undercover men came there about the time these cases or incidents of abuse took place?

Colonel VERDEL. Yes, sir; they were sent there by the central office by the Veterans' Administration.

The CHAIRMAN. Now, how many doctors do you say you should have?

Colonel VERDEL. We have an authorized strength of 22, but that is far short of what we need. We would require 30 to 32 doctors.

The CHAIRMAN. That would be a little more than one doctor to each hundred patients?

Colonel VERDEL. Yes, sir.

The CHAIRMAN. You now have 1 doctor to 150 patients.

Colonel VERDEL. We have 19 doctors.

The CHAIRMAN. And 2,700 patients.

Colonel VERDEL. We have two officers of the day that serve from 8 a. m. to 8 o'clock the next morning.

Well, they are given compensatory time, and they are off following that.

When they are on duty that are—when they are on duty on Sundays they are entitled to  $1\frac{1}{2}$  days off. That reduces our personnel.

We have doctors on sick leave and annual leave; however, there have been very few of them that have taken annual leave.

The CHAIRMAN. Even at that I notice you have fewer patients per doctor than they have in the State institutions.

For instance, in Buffalo they have 28.7 patients per doctor, at Creedmore they have 189 patients per doctor, and at the Rochester State institution they have 264 patients per doctor.

So, even at present with 19 doctors, you have a smaller number of patients per doctor than they have in those State mental institutions.

Colonel VERDEL. Well, Mr. Chairman, you cannot figure it out exactly that way. For example, we will have some wards like the medical and surgical infirmary ward. That is for the patients that develop physical conditions in addition to their mental condition.

Those wards are smaller, but the other may have 40 or 50 patients.

The CHAIRMAN. Do they not do that in the States, in the State institutions?

Colonel VERDEL. I do not know what they do in the State institutions.

The CHAIRMAN. Well, I understand those patients have physical conditions.

Colonel VERDEL. Yes.

Mr. McQUEEN. Of the 19 doctors you speak of, does that include the 2 you say you have not seen since the day they reported?

Colonel VERDEL. Well, I only have one that I have not seen since the day he reported.

Mr. McQUEEN. Does that include the two now on sick leave?

Colonel VERDEL. One of these doctors that is now on sick leave, as I understand it, is designated "supernumerary." I do not know what that means. I do know in a fashion what it means. All of our positions have a second number and this one was sent as a supernumerary.

I think he was one, or either this Major Kettle was a supernumerary.

Mr. McQUEEN. I want to ask you another question. Was any action recommended against the officers who had command of these attendants who were there?

Colonel VERDEL. The commanding officer was removed from the station.

Mr. McQUEEN. By the Second Service Command?

Colonel VERDEL. By the Second Service Command at the request of the Administrator.

Mr. McQUEEN. Then no action was taken against him other than being removed?

Colonel VERDEL. I understand he is up for survey.

Mr. McQUEEN. What about the lieutenants that were there under him?

Colonel VERDEL. They are still there.



Mr. McQUEEN. They are still there?

Colonel VERDEL. Yes.

Mr. McQUEEN. No action has been taken?

Colonel VERDEL. No.

Mr. McQUEEN. Have you asked that any action be taken?

Colonel VERDEL. No; I think the two lieutenants are conscientious and I think they are doing a good job.

I think the trouble we had in the beginning was due to the commanding officer.

Mr. KEARNEY. Well, under the peculiar set-up, even though you are a colonel in the Army, you have absolutely no control over the Army personnel, either as far as discipline or any other thing is concerned?

Colonel VERDEL. No, sir; I have not.

The CHAIRMAN. Is that true of all of these hospitals, Doctor?

Colonel VERDEL. That is the agreement with the Army, that they shall be under their own commanding officers. If there is any different situation in any of the other stations I have not heard of it.

Mr. KEARNEY. Under that set-up, you are, we might say, more or less confined to your own duties in the hospital?

Colonel VERDEL. All I can do is recommend.

Mr. KEARNEY. You can recommend.

The CHAIRMAN. Does that apply also to the doctors that are sent there from the Army?

Colonel VERDEL. No; the doctors are under the Army. They are under the Army for discipline and pay and leave. Otherwise, they must conform with Veterans' Administration regulations.

The CHAIRMAN. Now, the one who is gone a. w. o. l., the lieutenant colonel.

Mr. DOMENGEAUX. He is not a. w. o. l.

Colonel VERDEL. No, he is not a. w. o. l.

The CHAIRMAN. You said his trouble was neurosis.

Colonel VERDEL. Yes, sir. He is probably in some Army hospital some place.

The CHAIRMAN. That is a mental condition, is it not?

Colonel VERDEL. It is a nervous condition.

The CHAIRMAN. Is yours not a mental hospital?

Colonel VERDEL. Yes, sir.

The CHAIRMAN. Why did he not stay there and take his own medicine?

Colonel VERDEL. That would be the only way——

Mr. SCRIVNER. He was not a veteran. He could not stay there.

Mr. CUNNINGHAM. Colonel, I would like to ask you a question.

Colonel VERDEL. Yes, sir.

Mr. CUNNINGHAM. These men that are assigned from the Army, you have no disciplinary control. Is there anyone assigned from the Army that you can report to?

Colonel VERDEL. Yes, sir; they have a captain and two lieutenants. If I find one of these attendants asleep on the ward, which I have done, I write the commanding officer of the detachment and tell him I find this soldier asleep, and as far as the Veterans' Administration is concerned, it is a very serious offense. Some patients may be injured.

Mr. CUNNINGHAM. And when you have done that, do they take any disciplinary action?

Mr. KEARNEY. They did with one. Who was that?

Colonel VERDEL. Captain Hatman.

Mr. KEARNEY. Have they done anything about it?

Colonel VERDEL. He was going up before the board. Whether they have done anything, I do not know.

Mr. CUNNINGHAM. Have any of these soldiers served overseas?

Colonel VERDEL. I understand they have. I discussed that the other day. The commanding officer said it was 40 percent.

Mr. CUNNINGHAM. Are they neurotic soldiers?

Colonel VERDEL. We had some of this group who were very definitely neurotic, and I recommended that they be relieved because they were not suitable, as nervous as they were, to work in the type hospital we have.

Mr. KEARNEY. How many trained psychiatrists do you have?

Colonel VERDEL (continuing previous answer). They take them in so long as they can see, hear, and eat.

The CHAIRMAN. If that is what they are doing, maybe we had better investigate the War Department.

Colonel VERDEL. Do you mean the Veterans' Administration personnel?

Mr. KEARNEY. Yes.

Colonel VERDEL. The Veterans' Administration personnel that we have have had very good training.

Mr. KEARNEY. Is Major Turner there?

Colonel VERDEL. He is there. Major Turner is not connected with the hospital. He is with the research unit. We have a research unit that serves not only Northport, but the entire Veterans' Administration service.

Mr. KEARNEY. He is in the Veterans' Administration service?

Colonel VERDEL. He was in the Veterans' Administration service and was commissioned in the Army. And permitted to remain.

Mr. KEARNEY. Is that not true of all of the doctors who are commissioned in the Army?

Colonel VERDEL. Yes. I just tried to explain the particular personnel situation.

Mr. KEARNEY. Is it not a fact that practically all of these doctors who are assigned to duty at the hospital absolutely oppose that assignment?

Colonel VERDEL. You mean enlisted men?

I have found by reading the newspapers that there is quite a large percent. I would not be in a position to state. I know that 31 of them wrote a letter to the newspaper protesting their assignment.

Mr. KEARNEY. Well, I have a copy of a letter published in Northport Observer, and I would like to ask if that is the letter you referred to?

Colonel VERDEL. Thirty-one, as I recall. I have that; yes. That is the letter. It might be interesting to know that he recommendations have been made for a number of those men to be transferred.

Mr. KEARNEY. Pardon me. I did not get that.

Colonel VERDEL. I say a number of the men that signed that letter have been recommended for transfer away from the station because we do not feel they were qualified and suitable for our hospital.

Mr. McQUEEN. Is that before the letter came out?

Colonel VERDEL. Yes.

Mr. KEARNEY. These lads with one eye, lost their eyes in combat?

Colonel VERDEL. I do not know, but I think the majority of them went in with one eye for limited service.

I would have to check the records on that, but I think that is true.

Mr. McQUEEN. Is there anything in their conduct that would lead you to believe that the whole group is dissatisfied with their assignment?

Colonel VERDEL. I think that the group of approximately 200 men, a large percent of them are dissatisfied.

In fact, I have one assigned as a barber. He said he did not come into the Army to serve a certain type of people. I would rather not get it in the record because it might reflect on our patients.

Mr. KEARNEY. One of them did make the remark that he would rather be fighting over in the Pacific. Is that not so?

Colonel VERDEL. Yes; he made that remark; but I do not know how much he meant it.

Mr. KEARNEY. I do not know, either, but he did make that statement?

Colonel VERDEL. Yes, sir.

Mr. KEARNEY. If he were over there he would wish he were back.

Colonel VERDEL. I do not think the Northport Hospital would compare with the South Pacific.

The CHAIRMAN. Colonel, what is the attitude toward the management of the hospital of these men who were in there, these men who were assigned there by the Army? Is it one of indifference or resentment, or is it one of cooperation, willing cooperation?

Colonel VERDEL. The majority of them do not like the assignment.

The CHAIRMAN. Well, what is their attitude toward the management, toward the authorities of the hospital?

Colonel VERDEL. To do just as little as they can possibly get by with.

The CHAIRMAN. And they know there is nothing you can do about it?

Colonel VERDEL. No, sir; the only thing I can do is recommend their transferral, and that is what they want.

The CHAIRMAN. And they send you 60 one-eyed men?

Colonel VERDEL. Yes.

Mr. DOMENGEAUX. What is the attitude of the doctors who have been sent there by the Army as to cooperation with management of the facility?

Colonel VERDEL. Now, I have one—the Army sent out a questionnaire recently and one of the questions was, "What is your preference as to remaining in the service during the emergency?"

And I had one officer who said he did want to stay in.

I regret that, but that is what happened.

Mr. KEARNEY. Have you any conscientious objectors on duty?

Colonel VERDEL. No.

Mr. KEARNEY. I have before me, Doctor, under date of May 10 a newspaper article which states that investigation into the veterans' hospital of brutality, "Unjust charges claims of mistreatment."

Was that article written before or after the facts were brought to light concerning the 15 soldiers, and the 7 attendants?



Colonel VERDEL. It was brought to light afterward.

Mr. KEARNEY. So that newspaper article does not exactly agree with the facts, does it?

Colonel VERDEL. Well, the article tries to convey that there was not any wholesale brutality.

We are not denying that there has been mistreatment of patients, there has been, but there has not been brutality.

The CHAIRMAN. What is the population of Northport?

Colonel VERDEL. It is just a very small village.

Mr. KEARNEY. But with 15 soldiers being court-martial and 7 cases before the United States attorney in Brooklyn, it does not show exactly an ideal situation.

Colonel VERDEL. No, and if it had only been one, it would not be an ideal situation. But I think the committee should take into consideration that Northport Hospital is not the worst hospital in the service, and I think, if the same effort was made throughout the service, we would find some more.

It has been happening in mental hospitals ever since we have had mental hospitals.

The CHAIRMAN. Does assigning soldiers to the hospital, their attitude toward the management—does that have a demoralizing effect on the rest of the employees?

Colonel VERDEL. I think that these soldiers that wrote this letter to the papers had a bad effect on the rest of them.

And I think any man who is indifferent to his duties he is going to have some followers. Several months ago—and I had not been there but a short time—I made a survey of the soldiers there to find out how many of them would be interested in following this line of work, and I could not find any.

I think I have two or three that were doing laboratory work, and they were not associated with the patients, and that kind of attitude—

Mr. KEARNEY (interposing). Is it not true that where you have a divided authority like this, a party in charge of the patients of the hospital, and an individual from the Army solely concerned about the discipline of the troops, it does not work, does it?

Colonel VERDEL. No; not at all. It handicaps the hospital. The men know I do not have anything to do with them, our officers have nothing to do with them.

There was a time when we would ask them to do something, and they would go down and ask the captain whether they had to do it.

There was a time when we were investigating. They said they would not sign anything until the captain approved it.

The CHAIRMAN. Do you think the attitude contributed to this mistreatment by these soldiers who were court-martialed?

Colonel VERDEL. I think partly. And I think that a number of these instances happened as an impulsive act.

We have been accused of having attendants with sadistic tendencies. Gentlemen, I do not think we have that. It happens often as an impulsive act. A patient comes along and spits on an attendant or calls him some foul name, and the attendant before he can think may do what almost any man would do under normal circumstances. Part of it has been impulsive acts.

That is not excused by the Veterans' Administration. We have told these attendants that even self-defense is not an excuse.

The CHAIRMAN. What remedy do you suggest?

Colonel VERDEL. Well, Mr. Chairman, as far as Northport is concerned, we have done everything we can do.

We have combed our area to try to get attendants.

I think, if we could get rid of these soldiers and get them replaced by civilian personnel, interest could be developed and more attendants—we have never had enough attendants, enough to render the service that we should render.

The CHAIRMAN. Now, Colonel, it costs this Government about \$300 a month to keep a soldier in the United States Army, does it not, or do you have other figures?

Colonel VERDEL. I do not have those figures.

The CHAIRMAN. What do you gentleman say, \$250 or \$300?

Mr. KEARNEY. \$300, I would say.

The CHAIRMAN. These gentlemen have had more experience than I have had—

Mrs. ROGERS. Is there anyone in the audience who can answer that?

The CHAIRMAN. Is there anyone in the audience who can tell me?

Mr. SCRIVNER. It would be between \$200 and \$250 for a private when you consider his pay, clothing, shelter, food, and incidentals, plus allowances for his family.

The CHAIRMAN. His wages would be \$50, but his board and clothing and the keep, I would say at least \$250 a month. I may be wrong about that. If this bill is passed that we passed the other day—the House passed—giving the Veterans' Administration the right to go out and employ its attendants and pay them wages they can afford to work for, would that enable you or the management at Northport to get attendants who would be in sympathy with the program and who would not resent being assigned to it?

Colonel VERDEL. I certainly think it would improve the situation, but whether that would relieve it at Northport at the present time, I doubt, and I doubt it for this reason, the manpower situation, as much as any other.

We are in a rather isolated section: we are 4 or 5 miles out from New York City; there are two big corporations there that pay very good salaries.

Now, if we could raise them up to compete with the soldiers, I think we could get our attendants back. We have lost a number of them to those plants.

The CHAIRMAN. Somebody read into the record the other day a statement from Michigan that employees were raised from \$4,500 to \$6,000 a year.

Mr. KEARNEY. The iceman, milkman.

The CHAIRMAN. Yes, the iceman was getting \$6,000, I believe.

Now, with the pay scales that we have in the Veterans' Administration, it is impossible to compete with that situation is it not?

Colonel VERDEL. There is no question about it. They laughed at us when we went to one of the defense plants. We had a rumor that they were going to release a lot of their personnel. We went there hoping we could get some, and we were informed by the personnel officer that we could not expect to get them, and—we could not get them at what we paid them.

The CHAIRMAN. Well, suppose the Veterans' Administration were given the power to pay the local wage, would that enable you to get the employees to take the place of these soldiers?

Colonel VERDEL. It would materially help us.

The CHAIRMAN. What I am trying to get at is something to help this situation.

Colonel VERDEL. I understand.

The CHAIRMAN. I am trying to find out what the remedy is for this condition, not only in Northport but other places.

Colonel VERDEL. I think it would help us to get personnel, and it would help us to select our personnel better.

If we had something to offer them we could be a little more particular in what we are taking.

Now, for the last couple of years, we are taking men, I have some of them 60 and 62 years old, acting as attendants. Well, ordinarily, I would not think of doing that and putting them on wards with these young boys that are just as hard as nails.

The CHAIRMAN. Well, you cannot say it, Colonel, but I can. I resent the War Department's attitude toward these veterans' hospitals. I mean it in so many words. It seems they have loaded on to us these doctors and attendants.

Mr. KEARNEY. Certainly, from the testimony we have had come before this committee the War Department is not playing the game fairly with the Veterans' Administration.

The CHAIRMAN. I do not think so.

Mr. KEARNEY. Because nobody in their right mind would send the kind of men they have sent.

The CHAIRMAN. I do not think anyone that has the veterans' interests at heart would send several hundred Negro soldiers, knowing they are likely to start trouble.

Mr. DOMENGEAUX. Further, the War Department is continuing that policy. I understand there are many doctors they could discharge, and they are keeping them in the Army.

The CHAIRMAN. The War Department is also following the policy, contrary to the will of Congress, of commissioning Communists into the United States Army, which I consider a very dangerous policy.

I want to ask you, of these doctors that were sent there, have you discovered any attitude of communism or subversive leanings among them?

Colonel VERDEL. No, sir; I have not noticed that in any of the doctors I have.

The CHAIRMAN. I see.

Colonel VERDEL. They probably would not express it to me, anyhow, if they had them.

The CHAIRMAN. Well, I was just wondering if some of this element had stirred up the trouble among these soldiers that were sent there to help take care of these mental cases.

Colonel VERDEL. I do not feel that way. I do not feel that the doctors there had anything to do with it at all. I think that originated in the minds of some of the soldiers.

I have never known of a doctor that would do such a thing as that.

One of them wrote a letter to the paper and called the manager—that is me, a liar. That was several months ago.



The CHAIRMAN. Have you observed any subversive activity in an area that was likely to get infiltrated into the attendants at this hospital?

Colonel VERDEL. No; I have not.

Mr. KEARNEY. Do you know a lady by the name of Marian Peterson—Mrs. Marian Peterson?

Colonel VERDEL. No, sir.

Mr. KEARNEY. 2251 Bigler Terrace, Philadelphia, Pa.

Colonel VERDEL. No, sir.

The CHAIRMAN. Whose district is this hospital in?

Mr. KEARNEY. Mr. Sharp's.

The CHAIRMAN. Does the lady have any questions?

Mrs. ROGERS. Yes. Doctor, do you think it would help secure a better type of attendant if you called him an assistant or something like that?

Do they object to the title?

Colonel VERDEL. I have never heard any expression.

Some places they call them orderlies. I have never heard any of them express any objection to the title.

Mrs. ROGERS. If you had a permanent organization that the men could go into with the hope of promotion and better pay for special service and training, first, at the medical center here in Washington would that not tend to inspire a more interested type?

Colonel VERDEL. Well, you know recently, the last few years, the attendants' group has been placed under civil service. They were not, before that time; and they have now the advantages of the civil service.

Mrs. ROGERS. But the pay is very low.

Colonel VERDEL. The pay is very low, but I mean, as far as retirement is concerned.

Mrs. ROGERS. I am afraid that civil service will not increase their ratings.

Colonel VERDEL. The Veterans' Administration maintains a promotion policy, with promotions being based first on efficiency ratings and second, on the length of service; and we follow that at Northport.

Unless there is some very definite reason why an employee is not able to carry on in a higher position, he is promoted, according to his efficiency rating.

Mrs. ROGERS. Is there any regulation that would prevent a doctor or anyone else, getting in touch with his Congressman?

Colonel VERDEL. I have heard—I have never heard of such a regulation. If I wanted to write to my Congressmen, I would.

Mrs. ROGERS. You feel you are a free citizen, whether you are in the Veterans' Administration or not?

Colonel VERDEL. Yes; I do.

Mrs. ROGERS. And there will be no reprisals if you would appeal to your Member of Congress?

Colonel VERDEL. I certainly never heard of any.

I am split now between the Veterans' Administration and the Army.

Mrs. ROGERS. Your right hand is in the Army and your left hand in the Veterans' Administration.

Colonel VERDEL. Yes.

Mrs. ROGERS. As an Army officer, you do not discipline the Army personnel?

Colonel VERDEL. I—

Mrs. ROGERS (interposing). Do you lose that authority when you are transferred by the Veterans' Administration? My feeling is that you would have the authority.

Colonel VERDEL. If I was in some camp I would have that authority, but that was the agreement, as I understand it, between the Army and the Veterans' Administration when they assigned the troops to us, that they would be under their own commanding officer.

Mrs. ROGERS. That could be rescinded, of course?

Colonel VERDEL. Yes.

Mrs. ROGERS. Would it be helpful?

Colonel VERDEL. Yes; it would.

The CHAIRMAN. Mr. Auchincloss?

Mr. AUCHINCLOSS. Doctor, may I ask you this: When these doctors go away on sick leave, who gives that leave? Is it given by the commanding officer or by you?

Colonel VERDEL. You mean the enlisted men?

Mr. AUCHINCLOSS. No, the Army personnel. You spoke of two divisions—you spoke of two physicians who are away on sick leave. Do you approve that sick leave.

Colonel VERDEL. Yes; I give them that sick leave.

Mr. AUCHINCLOSS. And those on annual leave?

Colonel VERDEL. Annual leave has to be approved. I only have authority to give 1 day.

Mr. AUCHINCLOSS. Have these men justified the sick leave?

Colonel VERDEL. We sent them to the Army hospital, which is about 15 miles from us, Mason General.

Mr. AUCHINCLOSS. Do you have any reason to believe that either of these men are soldiering?

Or, would you prefer not to answer that question?

Colonel VERDEL. I do not think the neurotic individual is. If he is, it would be to our advantage, because he would not be any good to us anyway.

They are not hospitalized in our hospital, they are hospitalized in the Army, and they would be in a better position to determine whether they are soldiering.

Mr. AUCHINCLOSS. I think these men have the same name.

Colonel VERDEL. Yes.

Mr. AUCHINCLOSS. Are they related?

Colonel VERDEL. No relation.

Mr. AUCHINCLOSS. Thank you.

The CHAIRMAN. Colonel, I understood you to say you thought they would get along better if the whites and blacks were segregated in the hospitals.

Colonel VERDEL. Yes, sir.

The CHAIRMAN. They have 700,000 Negroes now in the State of New York and a large Negro population in the surrounding States.

Colonel VERDEL. Yes.

The CHAIRMAN. Do you think it would be a wise idea to establish a hospital for all of the colored patients like we have now in Tuskegee, Ala., in order to avoid the difficulties that are likely to occur as the result of mixing them in these hospitals?

Colonel VERDEL. Well, Mr. Chairman, there is no segregation I have seen of Negroes in New York. What their reaction would be I do not know.

I see them going into the McAlpin Hotel and other hotels of that type. They are permitted in there.

I do not know what to suggest on the thing.

The CHAIRMAN. But you recommend that they be segregated in the hospitals?

Colonel VERDEL. Yes.

The CHAIRMAN. That means putting them in different wards.

Colonel VERDEL. Yes.

The CHAIRMAN. Would you recommend different buildings for them as we have at some of the other hospitals?

Colonel VERDEL. Well, I think that would be better.

The way our wards are constructed, if you do not put them in separate buildings they are bound to come in contact with each other.

We have some buildings where the day rooms are on one floor, and we only have one dining room.

Mr. CUNNINGHAM. Colonel, what effect, if any, have these articles that have been published in the various magazines and newspapers had upon the morale of the doctors in your hospital?

Colonel VERDEL. Well, they are naturally upset about it.

Mr. CUNNINGHAM. What effect has it had upon the nurses?

Colonel VERDEL. The nurses resent it.

Mr. CUNNINGHAM. How about the personnel, the attendants?

Colonel VERDEL. I am not in a position to say just how they do feel about it.

Mr. CUNNINGHAM. How do the patients feel about it, if you know?

Colonel VERDEL. Well, I have got a number of letters since this has been in the papers from patients, saying these people do not know what they are talking about.

Mr. CUNNINGHAM. Is there any attitude of resentment on the part of these patients?

Colonel VERDEL. Not those patients who are not resentful about everything else. We have a certain type of patient who have ideas of persecution, that feel that everything is wrong.

That type of patient is going to complain.

I have noticed a very definite effect on the relatives of patients. The patients have gotten quite upset; they have talked on trains about it. On Sunday we have about 800 visitors, and there is a special train that takes visitors to the State hospital just beyond, and I have a number of relatives that have been coming to the hospital for years, to tell me about the discussion on the trains.

Mr. CUNNINGHAM. Yesterday I believe it was testified that 95 per cent of tubercular patients will not help themselves; that is, their attitude is against their recovery. Do you confirm that statement or do you have tubercular patients?

Colonel VERDEL. No; I have no tubercular patients.

Mr. CUNNINGHAM. I withdraw the question.

Mr. KEARNEY. How many World War I veterans do you have?

Colonel VERDEL. We have approximately 1,000—1,800 World War I and approximately 700 World War II.

The remainder is made up of Spanish-American War veterans and veterans that are allowed in hospitals in peacetime.



The CHAIRMAN. I did not get that.

Colonel VERDEL. 1,800 World War I; 700 World War II. And Spanish-American War veterans and veterans who are allowed in hospitals in peacetime.

Mr. KEARNEY. Many of them have been there for years?

Colonel VERDEL. Yes.

Mr. KEARNEY. Now, is it true that many of these patients have what is called homicidal instincts? Do you know how many of that 2,700 in the hospital come within that category?

Colonel VERDEL. I would not be able to give you that. A patient may not necessarily be homicidal, but he will be quite assaultive.

They may go along 4 or 5 days or a week and then it will flare up, and then he will get back in that state again. We have an acute building that has approximately 160 patients in it.

Now, they are not all violent. We say that they are psychotic or acutely insane, and in that time they are quite disturbed.

Mr. KEARNEY. But they are still violent?

Colonel VERDEL. Well, in the terms of the layman, yes, they are violent.

Mr. KEARNEY. That is what I am speaking of.

Colonel VERDEL. They are assaultive. I have four or five attendants off duty now because of injuries received from patients.

I do not know whether this publicity we are getting has an effect on attendants, but some of the members of the staff feel that attendants are not going in and taking hold like they ordinarily do because they feel they may be accused of abusing patients.

Mr. KEARNEY. In fact, you have about as many attendants injured as patients?

Colonel VERDEL. Not as many. One man the other day got a laceration of the scalp, had four or five stitches.

One patient at Roanoke, Va., got away and got a club and got about five or six of our attendants. One had a broken thumb and the other lacerations.

Mr. KEARNEY. That still does not excuse the abuse of patients.

Colonel VERDEL. No.

Mr. CARNAHAN. But that is a condition you expect all the time among your attendants?

Colonel VERDEL. Yes; that happens.

Mr. CUNNINGHAM. Do you feel it would be more difficult to get doctors and nurses and attendants on account of this publicity?

Colonel VERDEL. Well, I would hesitate to go into an organization that has been blasted all over the country, unless it can be cleared up.

The CHAIRMAN. Mr. Cunningham, may I have the attention of the committee a minute? Do you want to meet this afternoon; and if so, at what time?

Mr. CUNNINGHAM. 1:30.

The CHAIRMAN. It suits me all right. I would like to have an executive session, if it suits the members of the committee.

Mr. KEARNEY. I would like to have an executive session with the doctor.

The CHAIRMAN. I think we ought to have an executive session with the doctor, because there have been some questions. So, if there is no objection—

Mr. McQUEEN. Mr. Chairman, I have one of the investigators with his report here which no doubt this committee will want to hear, in regard to this hospital, and he probably will want to be heard in executive session.

That is, of course, up to the committee. I have him here and have the reports here.

The CHAIRMAN. Well, have him here this afternoon, and we will have him when we go into executive session.

Mr. MATHES. Mr. Chairman, before we adjourn, may I ask that this committee request the reporter—instruct the reporter that when he copies this material from the State hospitals that he omit the names of patients. He may use numbers instead of those names.

The CHAIRMAN. All right. We do not want to hurt anybody.

Mr. McQUEEN. I would like to place in the record now the following papers as described and submitted by Colonel Verdel: A form signed by each attendant who comes on duty at Northport Hospital, together with the paragraphs in the booklet referred to entitled "Instructions for Hospital Attendants in Veterans' Administration Facilities"; copy of memorandum issued by Colonel Verdel on the subject Abuse of Patients; a list of soldiers on duty at the hospital showing their disabilities; and a list of authorized positions at the hospital, showing the number of vacancies. And the list of doctors at Northport.

The CHAIRMAN. Without objection, they may be inserted in the record.

(The papers referred to follow:)

VETERANS' ADMINISTRATION  
Northport, Long Island, N. Y.

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(Date)

This is to certify that I have been issued and have read a copy of Instructions for Hospital Attendants, and that my attention has been particularly directed to paragraphs 1, 2, and 3 on page 7 therein.

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(Signature)

INSTRUCTIONS

ASSIGNMENT TO DUTY

1. Assignments of hospital attendants to duty, to accord with the hospital needs, will be made by the nurse in charge of the ward concerned, who will have immediate supervision of attendants so assigned. When off duty, attendants will be responsible to their head attendant. Hours off and on duty, while regulated, are subject to change, dependent upon necessities of the service.

2. Prescribed hours of duty must be rigidly observed. Attendants must promptly appear for duty and remain until relieved. Coming on and going off duty they will report to the nurse in charge, and sign the ward time book.

3. In no circumstances will attendants leave their posts of duty, without orders, to visit other wards or other parts of the facility, or to escort visitors or attend to any personal affairs. Unless with consent of the nurse in charge, attendants will not return to wards after going off duty.

4. Loitering of attendants in washrooms, or in going to or coming from the pharmacy, laboratories, etc., on official errands is not permitted.

5. Attendants taken ill or becoming injured while on duty will report to the nurse in charge, who will arrange medical attention. When taken ill or becoming injured while off duty, attendants will report to their head attendant.

6. Attendants desiring special time off duty will arrange leave with their head attendant. Attendants on night duty who cannot report for an assigned tour

will so notify their head attendant not later than noon of the day they were expected to be at their posts.

#### DRESS

1. Attendants will wear the prescribed duty dress. They must be neat and clean. Frequent bathing, with attention to nails and hair, and changes of underwear, will be required. Due care of the clothing of attendants supplied by the Government will be exacted, and such clothing will not be worn off duty.

#### CONDUCT

1. Courtesy to visitors must be invariable. When questioned by a visitor regarding the condition of a patient, attendants will refer the inquirer to the ward physician or nurse in charge of the ward.

2. Call lights or bells will be answered without delay.

3. Neglect, rudeness, or physical or verbal abuse of a patient will be cause for dismissal of the offending attendant.

4. Orders of the nurse in charge are to be promptly obeyed. Insubordination will lead to disciplinary action. Attendants will promptly inform her of any happening on the ward that is unusual, especially anything that may affect the condition of a patient or patients, the order and cleanliness of the ward, or the care of Government property.

5. Lending, borrowing, or any other monetary transactions with patients, or acceptance of gifts from patients will be cause for disciplinary action against the attendant involved.

6. Profane or obscene language, whistling, singing, or the making of any unnecessary and disturbing noise while on duty will be cause for disciplinary action.

7. Smoking on duty is prohibited.

8. Reporting for duty intoxicated or with alcoholic odor to the breath, or coming intoxicated upon the facility reservation; or the conveying of alcoholic liquors into the reservation; or the sale, gift, or trade of alcoholic liquor to patients will be cause for dismissal from employment.

9. Gambling, fighting, or other disorderly conduct in the facility or upon the reservation will be cause for disciplinary action. The carrying of weapons is prohibited.

10. Sleeping on duty will be cause for dismissal from employment.

#### FIRE REGULATIONS

1. Attendants will familiarize themselves thoroughly with the fire regulations of the facility. Upon vigilance in the discovery of and promptness in reporting fire in any building may depend the lives of patients and personnel and the protection of Government property. The participation of attendants in fire drills is compulsory.

#### CLEANLINESS AND SANITATION

1. Attendants will maintain a clean and presentable appearance, at all times, of wards, bathrooms, dayrooms, ward storerooms, closets, and corridors for which they are responsible. Noticeable odors from toilet rooms will be eliminated by soap and water and approved disinfectants. Toilets are to be inspected frequently. Unclean and unsanitary habits of patients will be reported to the ward physician.

2. The quarters of attendants are required to be kept in an orderly, clean condition. Clothing, shoes, etc., will be kept in clothes closets or lockers, arranged neatly. Occupants of quarters found to be untidy or unclean will be required to put the quarters in satisfactory condition. A second offense will be grounds for disciplinary action.

#### PROPERTY

1. Possession or use of patients' property will be grounds for separation from employment.

2. Personal effects of patients will not be discarded nor destroyed except in accordance with prescribed procedure.

3. Complaints by patients of loss of personal possessions will be reported at once to the nurse in charge.



4. The possession by a patient of a prohibited article, such as weapons of any kind, ammunition, intoxicating liquors, medicines, or drugs, will be immediately reported to the nurse in charge.

5. Attendants must clearly understand that they have a responsibility to protect Government property on wards or elsewhere in or out of the buildings. They will promptly report to the nurse in charge any damage or destruction of Government property by patients. Loss of nonexpendable Government property will be reported without delay to the nurse in charge. Unserviceable Government property will not be discarded except in accordance with prescribed procedure. No Government property will be appropriated for personal use.

#### ADDITIONAL INSTRUCTIONS FOR ATTENDANTS OF MENTALLY ILL PATIENTS

Besides the foregoing requirements pertaining to hospital attendants in general, the care of mentally ill patients imposes particular responsibilities.

1. The requirement that a hospital attendant must always show kindness, patience, and tact toward beneficiaries is especially necessitated for mentally ill patients. Success in handling such patients depends upon the first approach to them. Psychotic patients must never be scolded or threatened. They must be addressed in a courteous, moderate tone, and never irritably or rudely. Attendants must never allow patients to be laughed at or ridiculed or harshly spoken to, as this may cause them to be disturbed.

2. Under no circumstances must a patient be struck, shoved, or subjected to violence. Any violation of this rule will incur these consequences: (1) The offender will immediately be dismissed; (2) his name and offense will be reported to central office, Veterans' Administration, so that he will not be reemployed elsewhere; (3) in States, such as Massachusetts and New York, where Veterans' Administration facilities for psychotic patients are under State licensure, his name and offense will be recorded with the department of mental diseases or State hospital commission, respectively; (4) he will be liable to arrest and arraignment before a court of jurisdiction.

3. A hospital attendant who witnesses any unkindness, rudeness, or violence of any kind toward a patient and does not promptly report it to the ward surgeon, nurse, or officer of the day will be considered as guilty as the employee who commits the offense.

4. When patients are disturbed, sufficient help must be secured so that they may be controlled as gently as possible. No attendant will attempt to care for a "violent" patient without such assistance. If a patient is not cooperative and appears likely to become disturbed, the nurse in charge, ward surgeon, or officer of the day will be so informed and their instructions followed. A great deal of trouble can be avoided by not being too hasty in dealing with mentally ill patients.

5. No patient will be placed in restraint or seclusion without a written order signed by the ward surgeon, and such measures will be carried out in his presence.

6. Any marks, bruises, or injuries of patients will be carefully noted by attendants when patients are admitted, discharged, or leave on trial visits and while they are under treatment. A written report of such marks, bruises, or injuries, if found, will be at once made to the nurse in charge of the ward. The report will contain the names of all witnesses, so that a board of investigation, if appointed, may call them. Any unreported marks, bruises, or injuries discovered by a medical officer and presumed to have been inflicted during the hours of duty of a nurse in charge or hospital attendants, will subject the ward personnel to thorough investigation.

7. Any fights or unusual occurrences among patients will be immediately reported to the nurse in charge.

8. Everything about psychotic patients that might lead to dangerous consequences must be especially guarded. Closed ward doors, dumb-waiter doors, bathroom doors, panel-board doors, and grills must be kept locked. Window and door guards of wards must be examined upon shift from day to night relief, and vice versa, to note if locks have been tampered with. Keys, sharp instruments, weapons, and matches must not be in possession of these patients, and attendants must always be on the alert to prevent patients from obtaining such articles. If suspected, the patient must be searched. Visitors should be cautioned against inadvertently supplying patients with such articles. Care

must be taken that knives or other articles are not taken from the dining room by patients. All knives, forks, and spoons will be collected by attendants and counted after each meal before patients leave the table. Should any article be missed, all patients will be searched.

9. Hospital attendants will be responsible for keys in their possession, off or on duty. These must be kept on a ring attached to a chain securely fastened to the attendants' clothing. Loss of keys will immediately be reported to the nurse in charge or ward surgeon. Upon leaving the facility, hospital attendants will hang up their keys on a keyboard in a safe location designated by the manager of the facility.

10. Attendants should take pride in securing the confidence and liking of their patients. This will facilitate attendants' tasks. A good attendant will aim to interest himself in each of his patients, helping and assisting them in their occupational work and recreation, and seeing that they are clean and tidy. This stimulates a patient's initiative and is an important factor in his recovery. Attendants will ascertain as promptly as possible the first and last names of all patients on or admitted to his ward, the extent of ground parole permitted them, and their characteristics; that is, whether docile or aggressive, suicidal, homicidal, pyromaniacal, etc.

11. All ward patients must be under that degree of observation by attendants that is required by their condition. Patients on closed wards must have constant supervision and must never be left alone. Attendants will be held responsible for elopements of patients under their care. Immediate report of an escape of a patient must be made to the ward surgeon or charge nurse. Failure to make such report or neglect to observe patients, leading to elopements, assaults, or suicides, will subject attendants to dismissal.

12. When patients are taken off wards under attendance they will be kept in column and not allowed to scatter, hide behind shrubbery, etc., or to straggle. One attendant will station himself in the front rank, another at the rear, and one on each flank. Patients suspected or known to be elopers, or suicidal or aggressive, will be placed and kept at the rear of the line, directly under continuous observation. Patients must be properly clothed when taken out and will not be allowed to lie down on wet or cold ground or to lie or stand in a hot sun. Patients taken out in groups will be counted individually upon leaving and upon returning to wards. An individual-patient count will also be made at bedtime and when a shift from day to night relief and vice versa is made, and at such other times as is ordered. The count upon relief from duty will be made jointly by the charge attendant going off and the one coming on. This count will be recorded in the book kept for this purpose on the ward and will be signed by the said charge attendants, to be delivered to the charge nurse on duty, who may require a recount if she is not assured of the accuracy of the count. Patients will not be allowed to go to lavatories alone or otherwise to get out of the range of observation, since this provides opportunity for suicidal attempts, escapes, destruction of property, obstruction of toilets, etc.

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VETERANS' ADMINISTRATION FACILITY,  
Northport, Long Island, N. Y., September 27, 1944.

Memorandum.

From: Manager.

To: All physicians, nurses, and attendants.

Subject: Abuse of patients.

Abuse of patients will not be tolerated by the Veterans' Administration, nor by this station. Regulations and procedure provide that if any employee is guilty of rough handling or abuse in any way of a patient, it will be reported to the United States district attorney for prosecution.

It is hoped that this will not be necessary at this station, as I cannot think of a more cowardly act than to abuse or mistreat in any way an ill person.

Any members of the personnel who witness any abuse of patients and do not report it are equally as guilty as those mistreating a patient.

LOUIS F. VERDEL,  
Colonel, Medical Corps,  
Manager.

Name	Rank	Army serial No.	Data
Alberts, George J.	Private first class	32868668	Old injury, vertebrae.
Auman, Elmer F.	do	13175949	Hernia, inguinal, right.
Bailey, Charles S.	do	32753438	Osteoma, left knee.
Ball, Harry H.	do	37630669	Hernia, inguinal, right.
Barone, Thomas J.	do	12008220	Old injury, back, limitation of motion.
Berg, Clarence G.	do	36256241	Fibrositis, knees, bilateral.
Bernstein, Gerald L.	Private	32986138	Rheumatic fever, chronic, knees, ankles.
Boling, Herbert L.	Corporal	34986112	Hernia, bilateral.
Breen, John J., Jr.	Private	11112089	Pilonidal cyst.
Burkott, John T.	Private first class	31128668	Hernia.
Byrd, Clifford C.	do	34988782	Do.
Castellino, Bernard C.	Private	33615256	Hernia, inguinal, indirect, incomplete.
Clancy, Ray	Sergeant	36702192	Hernia, inguinal, left.
Cohan, Henry I.	Private first class	42032908	Asthma, bronchial.
Crawford, Paul W.	Master sergeant	37199827	Rheumatic fever.
Crowson, Burry V.	Private first class	34981851	Hernia.
D'Angeli, Gaetano	Private	31234577	Hemorrhoids, internal and external, chronic.
Fondren, Joseph C.	Corporal	34983049	Hernia, inguinal, right.
Gammans, George	Private first class	39161945	Hernia, bilateral.
Garidel, William J.	Private	42126445	Hernia, inguinal, left.
Glynn, Francis M.	do	31210751	Hernia, inguinal, right.
Goldfarb, George	do	32105502	Partial paralysis of right leg.
Graham, Luther A.	do	34468630	Rheumatism of back.
Hall, Reuben E.	do	34947377	Hernia, left.
Hathcock, Haskell	do	34589549	Undescended testicle.
Scollin, Michael P.	Private first class	42079117	Hernia, left.
Hillaire, Alphonso E.	Corporal	32713832	Deformity, patella, right, severe.
Holt, Melven	Private	34874288	Hip trouble.
Jackowski, Albin	do	35019045	Old injury, left leg and foot, chronic.
Jackson, Karl K.	Technician fifth grade	39243236	Pes planus, 3 degree, bilateral, with pain.
Krivic, Anthony	Private	42133026	Hernia, inguinal, right.
Kuchazik, Leon C.	do	32208309	Fracture, compound, comminuted, tibia, left.
Lanham, Leo T.	Private first class	35792685	Asthma.
Leeming, Walter G.	Private	31467666	Hernia.
Malinowski, Chester H.	do	36123210	Malaria, recurrent.
Mannion, John E.	Private first class	36053742	Arthritis of spine.
Martin, Ervie P.	do	37588087	Hernia, inguinal, right.
Mauro, Ralph A.	Private	37702971	Hernia.
McCuiston, Harper E.	do	34989281	Do.
McRae, Vernon A., Jr.	do	34980019	Hernia, inguinal, bilateral.
Meyer, John C.	Sergeant	37338570	Hernia.
Montgomery, Clyde H., Sr.	Private first class	34980286	Hernia, inguinal, left.
Mullin, William H.	Private	39049280	Do.
Nugent, Horrace G.	Corporal	38661788	Do.
Pasquarelli, Armadeo W.	Private first class	32748814	Crypton chidism, left testicle in inguinal canal.
Paxton, Noah V.	Private	35240369	Asthma.
Perry, William A.	Private first class	33329477	Shoulder curves out of place.
Rathey, Gerard S.	do	31182882	Moderate atrophy, left arm, some shortening.
Rosenthal, Daniel	do	42056724	Traumatic synovitis, right knee.
Rosetta, William J.	Private	42133945	Hernia, inguinal, left.
Ryan, Thomas W.	Private first class	32663606	Arthritis, 4-lumbar.
San Souci, John J.	Technician fifth grade	31148733	Hernia, inguinal, right.
Sarrey, Edmund E.	Private first class	31296317	Do.
Shaffer, Leo W.	Technician fifth grade	37036705	Appendicitis, hepatitis, hemohydrothorax.
Shaughnessy, Lawrence	Technician fourth grade	39182957	Deformity of feet.
Smith, Homer B.	Private first class	20811000	Deformed left ankle.
Smith, Kenneth	Private	39721266	Hernia, inguinal, right.
Soverow, Adolph	do	31460524	Hernia.
Spaner, Irving	Staff sergeant	33169727	Hernia, right.
Spinner, Irving	Private first class	32434928	Old injury, back.
Van Lee, Charles R.	do	42039153	Arthritis in knees and ankles.
Vollrath, Joseph N.	do	34961121	Hernia, inguinal, left.
Vose, Everett L.	do	31113954	Do.
Vukelich, Paul	do	33703835	Deformity of spine.
Word, Chester	Private	35719306	Old fracture, right foot.



Position	Author- ized	Vacant	Position	Author- ized	Vacant
Librarian.....	3	1	Attendant, physical therapy.....	4	1
Physicians.....	22	3	Barber.....	8	4
Laboratorian (bacteriology).....	2	1	Maid.....	4	2
Laboratorian (roentgenology).....	2	1	Cook (b).....	7	2
Assistant laboratorian (bacteriol- ogy).....	3	3	Meat cutter.....	2	1
Laboratory assistant.....	3	2	Head waiter.....	3	2
Bio-chemist.....	1	1	Mess attendant.....	91	70
Physical director.....	1	1	Stenographer.....	12	3
Physical therapy technician.....	4	3	Fireman.....	12	5
Junior aide, occupational therapy.....	5	4	Guard.....	8	1
Psychiatrist social worker.....	4	2	Chaufeur.....	4	4
Head nurse.....	21	12	Laborer.....	22	12
Nurses.....	54	22	Janitor.....	4	1
Hospital attendant.....	296	165	Laundry helper.....	23	5
Attendant, occupational therapy.....	5	4	Seamstress.....	5	2

<sup>1</sup> Six filled by nursing assistants.

Lt. Edgar Steinberg assigned and joined December 23, 1944. Sick leave from January 28 to February 20, 1945, and from March 7, 1945 to date.

Lt. Col. Martin R. Steinberg assigned and joined March 15, 1945. Sick from March 15, 1945.

Capt. Robert J. Drake on temporary duty at Mason General Hospital for special training in neurology and psychiatry from May 19, 1945, to June 30, 1945.

Request for assistant clinical director made on July 17, 1944, authorized April 16, 1945, to be filled June 16, 1945.

Request for assistant recreational aide made on June 24, 1944, authorized November 15, 1944, filled March 16, 1945.

Physical director vacant since October 18, 1944.

Dr. Edward W. Lazell on sick leave from February 20, 1945, to May 12, 1945, inclusive.

#### DOCTORS ON DUTY AT NORTHPORT HOSPITAL

Lt. Col. V. B. Williams, chief of the acute service and ward surgeon, ward 11: Graduate of the University of Arkansas 1917; was senior physician on the staff of St. Elizabeths Hospital for 7 years and in or about the year 1923, attended and aided in giving a course in psychiatry; took a short course in heart and lung diseases for a period of about 1 month; was in the Army during 1918; entered the Veterans' Administration service in 1928; was assigned to Northport September 8, 1944, and was on active duty in the Army for approximately 2 years prior thereto. Capacity of building 11, 176 patients, usually filled.

Dr. Lester Drubin, chief, infirmary service: Graduate Long Island College of Medicine 1937; no postgraduate work; took course at Northport in electroencephalography; in Veterans' Administration service since October 1940 and has been at Northport since May 16, 1944; has been engaged in neuropsychiatric work since he entered the Veterans' Administration; has supervision over wards 7, 8, C-40, and C-30, also, emergency clinic. Captain Hawkes, who is under Dr. Drubin's supervision, is ward surgeon on wards 7 and 8; ward 7 has a bed capacity of 202 patients, ward 8 has a bed capacity of 187 patients, and Lieutenant Singer, ward surgeon of ward A-40, also handles the emergency clinic, ward A-40, the surgical ward, has a bed capacity of 54 patients. Dr. Drubin has charge of wards C-30 and C-40, ward C-30 had a bed capacity of 59 patients and C-40 has a bed capacity of 67 patients, a total of 126 patients who are under Dr. Drubin's immediate supervision.

Maj. Angelo S. Naples, chief, physical medicine service, formerly known as reconstruction service: Graduate of the University of Buffalo, 1931; served a rotation internship in the Buffalo Allied Hospitals for a period of 1 year, and 4 months as junior intern at Buffalo City Hospital in surgical service, out-patient clinic; also served 3 years in the Buffalo City Hospital in eye, ear, nose, and throat, cardiology, and neuropsychiatry; entered the service of the Veterans' Administration in July 1935; has been at Northport since November 6, 1943; previous to going to Northport was stationed at the Veterans' Facility, Tuscaloosa, Ala., where the major part of his work was eye, ear, nose, and throat and he also did some neuropsychiatry.

During this period he was a member of the Birmingham Eye, Ear, Nose and Throat Society. He was also a member of the Blue Grass Psychiatric Association, Lexington, Ky.

He has done neuropsychiatry ever since he entered the Veterans' Administration service.

He has supervision over wards 61, 62, 63, 64, 65, 4, 10, and 12.

In addition, Major Naples has been appointed as chairman of 33 station boards to investigate injuries to patients.

He devotes approximately 12 to 15 hours per week to new admission examinations, 5 to 6 hours a week on out-patient examinations and approximately 4 hours a week are devoted to cardiology interpretations. He has charge of the eye, ear, nose, and throat clinic but is able to handle only the emergency cases. He has charge of the recreational activities, physical therapy, and occupational therapy. He is required to attend medical staff meetings three times a week, the manager's staff meeting once a week and parole board meetings, which take up 2 to 3 hours of his time a week.

Just prior to the investigator's departure from Northport, the manager advised that arrangements had been completed to assign Major Naples as chief of the acute service in charge of ward 11 and the assignment of Lieutenant Colonel Williams to the position held by Major Naples, for the reason that Lieutenant Colonel Williams was not found to be satisfactory in his assignment.

Lt. Angelo Carra, reception service, building 2: Graduate of Bologna University, Bologna, Italy, 1942; served an internship of 13 months in Columbus Hospital, New York City; no postgraduate work or specialties; was at the Brooklyn State Hospital 5 months before entering the Veterans' Administration service in August 1944; has been located at Northport since that time.

He is the only assistant of Dr. Lazell's, chief of the out-patient and reception service, and when Dr. Lazell is away Lieutenant Carra is in charge of the reception ward, which has an average census of between 80 to 90 patients, bed capacity of 97 patients.

Capt. Hirsch L. Gordon: Graduate of Rome University, Italy; received Ph. D. degree, Yale University; holds 10 degrees—6 doctors; medicine, philosophy, two of letters, science, and theology; 3 M. A. degrees, psychology, international law, and fine arts, and 1 diploma as school supervisor.

He appears in the 1944-45 edition of Who's Who in America.

He came to the Veterans' Administration through the Army on June 15, 1944, Northport being his first station; began residency in psychiatry, Pilgrim State Hospital, New York, September 1941. In January 1943 received an appointment at Bellevue Hospital in neurology, where he began giving electric-shock treatment and doing neuroencephalography. He was there 6 months and received an appointment in Kings County Hospital in neuropsychiatry, where he remained from July 1, 1943, to January 1944. From that date until June 15, 1944, was at the Bellevue Psychiatric Hospital, New York, and is on leave of absence from that hospital. Captain Gordon and Captain Kashe are ward surgeons on building 6, electric-shock wards, which has a capacity of 162 patients. Shock therapy is given by both Captain Gordon and Captain Kashe, and both of them share the ward work, each having approximately 81 patients.

Capt. Robert J. Drake: Graduate of Creighton University School of Medicine, Omaha, Nebr., 1930; was on the medical staff of Creighton University from 1934 to 1937 and engaged in general practice of medicine from 1931 to 1940. Entered the Veterans' Administration service at Northport, February 1, 1942. Ward surgeon of ward 9, acute service, which has a bed capacity of 225 patients and is usually filled. Also, does admission examinations and averages 3 weekly.

Dr. Leonard Brown: Graduate of New York University Medical College, 1915; 1 year's postgraduate course, 1926, at the College of Physicians in neuropathology; also, took a course in recent advances in psychometries, is a diplomate in neurology and psychiatry.

He entered the service of the Veterans' Administration in 1924; has been at Northport since April 1936; is surgeon of wards 10 and 12, each ward having a bed capacity of 171 patients, a total of 342 patients. Both wards are usually filled.

Maj. James Watson: Graduate of Northwestern University, 1924; served an internship at Garfield Park Hospital, Chicago, from June 1924 to June 1925; 3 months' postgraduate work at Columbia University in 1934 in neurology and psychiatry; also in 1939 had 3 months' special course in Massachusetts State Department of Mental Health, which was in conjunction with Harvard University; has also had postgraduate work in surgery and obstetrics. He came to the Veterans'

Administration through the Army, October 1, 1944, and has been at Northport since that time; was previously employed at chief medical officer, State of Illinois, mental hygiene service, which work consisted of supervising State hospitals. Ward surgeon of building 63, parole ward, having a capacity of 266 patients and an average census of 260 patients.

Capt. Daniel Dancik: Graduate of the University of Michigan, 1936; served a 2-year internship at the Cumberland Hospital, Brooklyn, N. Y.; was a resident in internal medicine at Greenpoint Hospital, Brooklyn, from September 15, 1938, to November 30, 1940; entered the Veterans' Administration service December 2, 1940; assigned to Northport, February 16, 1942; is ward surgeon of buildings 61 and 62, having bed capacities of 211 and 212 patients, respectively. Both wards are usually filled. In addition, does new admission and out-patient examinations and is the facility sanitation officer.

Dr. Richard P. Giliberty: Graduate of Hahneman Medical College, Philadelphia, Pa., 1939; no postgraduate work.

He entered the Veterans' Administration service in 1942; was assigned to Northport November 1943. He is ward surgeon of wards 4 and 64, having bed capacities of 197 and 211, respectively. He is also consultant in orthopedics and averages approximately 1 hour a week to this work.

Col. Harold E. Foster, clinical director: Graduate of College of Medicine, Syracuse University, 1909. Had 3 years' postgraduate work in neuropsychiatry at Harvard University. He received training in neuropsychiatry in 1919 while with Royal Army Medical Corps.

Colonel Foster entered the service of the Veterans' Administration in September 1927. Was assigned to Northport October 1, 1941, as clinical director.

Col. L. F. Verdel, manager: Graduate of National University of Arts and Sciences, St. Louis, Mo., 1915. Residence in psychiatry Central State Hospital, Nashville, Tenn., 1920-22. Took postgraduate work in neuropsychiatry at the Veterans' Administration Hospital, Bronx, N. Y., in 1927; was on the staff of Vanderbilt University as assistant professor of psychiatry in 1921.

Mr. McQUEEN. I would like also to introduce in the record correspondence and reports of inspections by the medical inspectors of the Department of Mental Hygiene of the State of New York covering visitations made to the Northport Facility.

The CHAIRMAN. Without objection, it so ordered.

Mrs. ROGERS. Mr. Chairman, may I make one statement to go into the record?—and I believe the colonel will agree with me.

There are many of the Army soldiers who have made fine, kind, able assistants.

I know the doctor at Bedford said to me, "You saw them here a year ago, Mrs. Rogers, and they are perfectly splendid."

I could see, myself, the way they handled the patients.

That is only justice.

Colonel VERDEL. It is true, Mrs. Rogers. I did not mean to infer that they were all—

The CHAIRMAN. That does not mean that the War Department should take the one-eyed men.

Mr. KEARNEY. I think this committee should take up with the War Department and let them know that so far as the personnel in these hospitals is concerned, it is brutal.

The CHAIRMAN. Let me say to the committee that this is the committee in Congress with the power provided in the resolution calling for this investigation, and we have the right to call anyone from the Secretary of War down.

Mr. SCRIVNER. Will the colonel be here this afternoon?

The CHAIRMAN. Yes. It is my understanding we are going to meet in executive session at 1:30.

Mr. AUCHINCLOSS. Can we make it 1:45? I have a luncheon engagement.



The CHAIRMAN. In order to accommodate the gentleman from New Jersey, we will make it 1:45.

(Whereupon, at 11:50 a. m., the committee recessed until 1:45 p. m. of the same day.)

(The matter referred to is as follows:)

Dr. GEORGE F. BREWSTER,  
*United States Veterans' Administration Facility,*  
*Northport, N. Y.*

DEAR MR. BREWSTER: I am enclosing copy of Dr. Grover's report of inspection of your facility on May 5 and 6, 1944.

Particular attention is directed to the fact that patients under 21 years of age are considered minors, and minor's voluntary form should be obtained in these cases if such patients are to be received voluntarily.

Kindly have this placed in the medical inspector's binder at your institution, and in acknowledging receipt state that this has been done.

Very truly yours,

ARTHUR W. PENSE, M. D.,  
*Assistant Commissioner.*

NOTES OF VISITATION TO VETERANS' ADMINISTRATION FACILITY, NORTHPORT, N. Y.,  
MAY 5-6, 1944—DR. MILTON M. GROVER, ACTING MEDICAL INSPECTOR

The medical inspector arrived at 11:30 p. m. on May 4 and began his tour of inspection at 8:30 a. m. on May 5.

Date of last inspection, November 19, 1943.

Dr. George F. Brewster has recently retired as manager of this facility.

Dr. H. E. Foster, acting manager, was in charge, assisted by 20 physicians.

Dr. Sol Zolondek has been appointed to the staff of the facility since the previous inspection.

Since the last inspection Dr. Charles F. Sherry, Dr. Nathan Moros, and Dr. John C. McCall have resigned.

Patients:

	<i>Male</i>
Census.....	2,591
In institution.....	2,591
On parole.....	182
Capacity (authorized emergency).....	2,755
Overcrowding.....	0

#### NEW ADMISSIONS

Since the last inspection 784 new admissions had been received at the hospital. Of this number, 365 still remained at the time of this inspection. Thirty-six of these new admissions had been seen by a medical inspector at other State hospitals, which left a total of 329 patients who were interviewed at this inspection.

Each of the 329 patients was interviewed and granted the privilege of the statute to make an inquiry, comment, or complaint relative to his admission, care, or treatment.

The admission rate to this hospital is increasing very rapidly. The patients come from Army camps throughout the country in most cases and, on arrival, a large number of them are willing and in condition to make voluntary application. For those who refuse to make voluntary application, the hospital continues to commit them by means of health officer certificates. In many cases, the health officers' certificate has been prepared at the hospital and sent to the health officer for his signature, and in these cases the health officer has not come to the hospital to see the patient before signing the certificate.

The custom has been, when preparing for a commitment, to ask a relative to sign the petition and, in case a relative refuses, patients are sent to either Bellevue or Kings County Hospitals for commitment. On the other hand, if the relative cannot be located and it is necessary to commit the patient, the welfare officer of the township has signed the petition.

Dr. Foster informs me that he is requesting that the health officer come to see the patient before signing the certificate and if he does not, Dr. Foster will write to the department concerning the matter.

Dr. Foster advised your inspector that the Veterans' Bureau is aware of the difficulty in having patients committed who come in the manner in which these soldiers have been coming, but the Bureau has instructed the manager to keep them, regardless of this difficulty.

Where patients are committed arrangements have been made for two physicians to come from Kings Park State Hospital to make the commitment.

The manager informed the inspector that seven patients were in the institution with no coverage papers whatsoever, but that all of these were in the process of being committed, namely, that papers were being sent to the relatives for signature, etc. The manager has promised to send a list of the names and dates of admission of these seven patients.

Dr. Foster stated that, in view of the rapid admission rate, it is very difficult to get the papers in all cases made out and properly signed by the health officer, even with the change of law allowing a period of 24 hours to elapse before commitment.

Many of the patients who are admitted on voluntary application only stay a short time in the hospital, as a large number of them request their discharge and are allowed to leave the institution, against medical advice. Where the patient leaves, in this way, it is the policy not to readmit him to a veterans' hospital for a period of approximately 6 months.

Thirty-five patients were found to be unsuitable for care on voluntary status, and it was recommended that they be committed.

A large number who were interviewed said that they had made application to be allowed to leave the institution, and this was corroborated by the medical officer, Dr. A. S. Naples, who accompanied the inspector on his tour of inspection.

A number of the patients admitted voluntarily are under 21 years of age, but no cases have been admitted as voluntary minors.

The voluntary patients who make request to leave and are considered unsuitable to be released from the hospital are committed.

Some of the patients interviewed said they had signed the voluntary application because they were told it was the proper thing to do.

Each voluntary patient who understood the nature of his voluntary application was informed as to his legal rights to submit notice in writing for his discharge, and in those cases where the patient's mental condition was such that he did not understand his legal status, the inspector recommended commitment.

The following new admissions requested special interviews and were granted such interviews by the medical inspector:

No. 1, age 35, admitted January 28, 1944, requested a special interview with the medical inspector. When seen, he had no special complaint except along the lines of his psychotic ideas. He said that he heard voices calling him names and that he has a strong desire to be shot and hopes that some arrangement will be made whereby this may be carried out. He has no complaint to make against the hospital or about this treatment; in fact, he says that he is well treated in every way.

No. 2, age 35, admitted February 17, 1944, complained of the way the food was handled and does not believe that the patients should help with the food. He said that, at times, patients put their hands in the food while serving it, which is not hygienic. Inquiry was made as to this, no corroboration could be obtained. He also complained of lack of interest in the patients on the part of the doctors and said that attendants give special privileges to those patients who help them with the work. Major Naples, who accompanied the inspector on his tour of the institution, said he was sure there was no basis for this complaint but that he would investigate the matter.

No. 3, age 43, admitted December 20, 1943, had many complaints to make. He said that an effort was made to force him to sign himself into the hospital, that Dr. Foster had examined him, but that he refused to talk to him until he could get counsel. He also stated that, on one occasion, a patient was left on the floor overnight. Patient further said that he was railroaded into the hospital by the Army to cover the theft of a set of plane motor drawings which he had made. He said that he had made application to the air force to build a sample motor but that the Army officers tried to get him to give the plans to them, which he refused to do, that these plans were stolen but later recovered. He said that his Army record was falsified at the hospital because they took a dislike to him the minute they saw him.

Patient has had one writ of habeas corpus since his admission which was turned down by the judge.

He makes several complaints against the attendants and said that while in ward 9, he saw a patient thrown to the floor by the attendant, that he has written to the district attorney concerning this but feels sure that his letters were intercepted at the hospital and never reached the district attorney.

Major Naples advised the inspector that this man makes frequent complaints but that, as yet, no corroboration of his charges has been found.

#### DISCHARGES AND DEATHS

Five hundred and ten patients had been discharged, and 58 patients had died, since the last inspection.

#### ACCIDENTS AND INJURIES

Twenty-four patients sustained injuries since the last visit and were reported to the Department on form 159.

The following table shows the essential facts concerning these accidents and injuries:

Accidental	2
Altercation with patients	13
Impulsive act	2
Unknown	7
Recovered	--
Improved	--

#### *Accidental*

No. 1, age 47, on November 20, 1943, slipped and fell while attempting to get up on the table for infra-red treatment. X-ray examination revealed fracture of the ninth right rib. The manner of the accident was corroborated by the patient. Condition recovered.

No. 2, age 50, is an epileptic. On the night of February 18, 1944, he crawled over the side of his bed and fell to the floor, receiving an injury to his right eyebrow and right thumb. X-ray showed a simple fracture of the third phalanx of the right thumb. Condition recovered.

#### *Altercations with patients*

No. 1, age 49, on December 23, 1943, was struck with a push broom by a patient and sustained a compound fracture of the lower third of the right humerus. A soldier was in the day room at the time of the altercation. Condition improved.

No. 2, age 49, on January 9, this patient was hyperactive and talkative, used profane language, was confused and found to be in the wrong bed. He was struck by a patient. The left upper medial incisor tooth of patient No. 2 was loosened and later fell out. There was also an abrasion of the left upper lip. No one witnessed the immediate occurrence of this incident and the patient himself cannot give any information. However, patient who struck him said that he struck him because he was pointing a finger at him while he was trying to read that he also swore at him. Condition recovered.

No. 3, on January 24, had an altercation with a patient, and, before they could be separated by an attendant, the patient struck No. 3 in the nose. He sustained a fracture of the nose and slight laceration of the right eyelid. Manner of occurrence was corroborated by the patient. Condition improved.

No. 4, age 51: While attending detail on ward 6 on January 26, patient was pushed by another patient and received an injury to his right forefinger. He did not report this until January 27, when it was noticed that the hand was swollen. X-ray revealed fracture of the distal phalanx of the left forefinger. Condition recovered.

No. 5, age 30: This patient had been overactive and assaultive, and on February 15 he impulsively attacked a patient who retaliated. Patient No. 5 suffered multiple contusions and abrasions of the face and contusions around the left eye. During the altercation he struck his hand either against the other patient or the wall and suffered a fracture of the proximal end of the metacarpal, left thumb. Condition recovered.

No. 6, becomes disturbed on occasion, is a diabetic and frequently tries to get more food than he is allowed. On February 29, at 5:10 p. m., he attempted to get more food and was prevented from doing so. He was pushed against a chair in the dining room, causing contusion of the right hand. When patient was interviewed, he said he had an altercation with a colored soldier attendant



and that after the argument this attendant had followed him into the wash-room and attacked him. Major Naples informed the inspector that this had been investigated and patient's statements found not to be true, that patient is difficult to care for and is frequently in trouble. Condition improved.

No. 7, aged 23: On March 1, a patient suddenly and without provocation struck this patient in the face. X-ray examination revealed a fracture of the nose. Condition recovered.

No. 8, age 51, on March 3 struck another patient because the latter was annoying him. He suffered an injury to his hand which caused pain and swelling. Patient verified the manner of the accident. Condition recovered.

No. 9, age 34, had been receiving special supervision because of self-destructive tendencies. He made a leap and struck his head against the wall. He was placed in a camisole jacket to prevent further injury to himself. On the morning of April 7, he was struck by a patient with the head of a push broom brought against his mouth and face. This was witnessed by two patients. Condition improved.

No. 10, age 43, on March 17 engaged in an altercation with a patient. Attendant Pfe T. V. Balfour rushed over to separate them but before this could be done patient No. 10 sustained some injuries. He was found to have a swelling over the right eye and ear and a lump on the right cheek and over the nose. Examination of the chest showed possible fracture of the ribs on the left side and subsequent X-ray examination revealed fracture of the tenth left rib. Condition recovered.

No. 11, age 21, on March 19 was struck on the nose by a patient. This patient said that the other patient was insulting his friends, and subsequently he was hit. This was witnessed by another patient. X-ray revealed fracture of the nasal bone. There was subconjunctival hemorrhage of both eyes, more marked on the right; discoloration below eyes over nose and left side of lower jaw. Nose deformed, no crepitus but pain on manipulation. Condition recovered.

No. 12, on April 11 was struck by patient and kicked in the left leg. He also received superficial lacerations of the skin over the right eye. X-ray revealed an impacted fracture of the neck of the left femur. Patient was transferred to Veterans' Facility No. 81 and was not seen by the inspector.

No. 13, age 56, on April 17 threw his dinner tray at a patient. The latter retaliated by pushing him against a post in the day room. He fell to the floor and, when picked up, complained of pain in his left hip. This patient has been transferred to Veterans' Facility No. 81 and was not seen by the inspector.

#### *Impulsive act*

No. 1, age 45, on April 9 was struck by patient impulsively and for no apparent reason, causing him to fall to the floor. Patient also kicked patient No. 1. X-ray showed an intertrochanter fracture of the left femur. Patient was not seen by the inspector as he had been transferred to Veterans' Facility No. 81.

No. 2, on March 9, suddenly and without warning picked up two looms and, before anyone could get to him, threw them out the window. One rebounded and struck patient in the face, causing a fracture of the nose. Condition improved.

#### *Unknown*

No. 1: On February 18, 1944, Private Jackson stated that this patient was standing in the day room stretching his legs apart and when told to sit down said that he could not but laid on the floor and would not get up. Joseph Sexton, charge attendant, stated that he was in the center on the first floor at the time and did not see what happened. When interviewed, patient stated he was standing, straightening out his legs at the time, that he bent forward to take hold of the chair and while he was holding the chair, an unknown patient pushed him. It would appear that while bending forward with the lower extremities apart, patient was pushed by an unidentified patient and that the right thigh struck the heavy chair. The patient was not seen and the inspector was informed that he had been transferred to No. 81.

No. 2, on November 26, 1943, complained of pain in the left chest. Discoloration over the left chest was found and X-ray was taken. Patient stated no one had hit him but that he had been put in a cold pack on ward 11-b, a few days before. Patient has been discharged and was not interviewed. He had been discharged against medical advice.

No. 3: On December 20 this patient was observed to be limping. On questioning, very little information could be obtained. Examination revealed ecchymosis and

tenderness about the head of the fibula, right leg. X-ray revealed an incomplete fracture of the head of the fibula right. Patient was unable to give any information concerning the accident. Condition recovered.

No. 4: On January 6, 1944, it was noticed that patient had discoloration of the left eye and swelling of the left cheek. He was examined by the ward physician and X-ray disclosed fracture of the left zygoma. The cause of this accident could not be ascertained. Condition recovered.

No. 5: This patient is markedly overactive, assaultive, confused, and difficult to manage. On November 15, 1943, examination revealed the presence of an injury to the right arm, with bony crepitus. X-ray examination revealed fracture of the right humerus. The cause of the accident could not be determined. Condition recovered.

No. 6, on the morning of December 28, 1943, was noticed to have a swollen, discolored area on the left hand toward the distal end of the left metacarpal. He was very hyperactive and assaultive at times and could give no information as to how the accident occurred. X-ray showed fracture of the fifth metacarpal bone. Condition recovered.

No. 7, on November 1, 1943, complained of pain in the left lower ribs but, due to inaccessibility, it was impossible to understand him or just what had happened. Palpitation of the left lower rib area showed marked tenderness. X-ray was taken and revealed fracture of the sixth and seventh ribs laterally. When interviewed, patient was unable to give any information as to how the accident had occurred. Condition recovered.

#### *Suicidal attempt*

No. 1 was found to be hanging by a noose fashioned out of a bathrobe belt or sash. He was found by Attendant John Graham who administered resuscitation. When examined by the officer of the day, patient's pulse rate was 88, regular rhythm. When asked if he wanted to take his life, patient replied without emotion, "I want to get out, I have been locked up a long time."

No. 2: On March 2, at approximately 7:40 a. m., groans were heard on the stairway and the patient was found lying on the floor. Upon investigation it was discovered that he had entered the stairway through an open door, climbed up by means of a screen and dropped to the floor, a matter of three flights. Patient said he desired to end his life because he was afraid of being transferred to a State institution for life for having submitted his 10-day discharge notice. Patient had been transferred to No. 81 and was not seen by the inspector.

#### *Suicide*

No. 1: On March 21, 1944, this patient had not reported to his detail and his ward was so informed. A search did not reveal any evidence of his whereabouts. He was therefore considered as having eloped. On March 25, 1944, during a check-up of the territory surrounding the facility, the chief guard found the body of this patient hanging. He was pronounced dead and the case was called to the attention of the coroner who gave as the cause of death "asphyxiation."

#### ESCAPES

Sixteen patients were reported as having escaped from the institution since the last visit. The following table shows the essential facts concerning these escapes:

Returned-----	3	Paroled-----	0
Not located-----	11	Discharged-----	0
Located; not returned-----	2	Died-----	0

#### *From ground parole*

No. 1, while working in the kitchen, was missed when the detail was checked at 6:30 p. m. A thorough search was made, but he could not be located.

No. 2 was discovered to be missing when patients were brought back from the movies on April 28, 1944. A thorough search was made, but he could not be found. This patient had ground parole privileges.

No. 3 was granted ground pass with relatives, which included his father, brother-in-law, two sisters, and his mother. At 4 p. m. the two sisters returned to the ward, unaccompanied and were informed that the patient was not on the ward. From information obtained from an unidentified patient, it appeared that this patient was seen in a taxi accompanied by two men, who came to the hospital with the wife.

No. 4, on April 9, was visited by relatives during the afternoon and was found to be missing at 5 p. m. He had been given ground pass privileges with his relatives. Patient has not been located.

No. 5, on April 11, was a member of a group with other patients in the occupational therapy building. It was discovered that he was missing and the officer of the day was notified. He has not been located.

No. 6, on March 24, was last seen at 8:30 p. m., when a bed check was made. He could not be found on the ward and has not been located.

No. 7, on March 1, was taken to the main kitchen at 5:45 a. m. When he had a visitor at 12:30 p. m., it was discovered he was not on the ward. Investigation revealed that patient had been missing from the main dining room and this fact was not reported. A letter was received on March 2, 1944, from patient's father stating that patient was at his home.

No. 8, on January 1, 1944, was not present at roll call at 7:30 p. m., at which time it was believed he was still on kitchen detail. The officer of the day was notified at 9 p. m. that he was missing. He was last seen at the canteen at 2 p. m. Patient has not been located.

No. 9, on January 13, a colored soldier attendant took patient to clinic floor for X-ray. When the technician was ready for him, he could not be located. A search was made of the buildings and grounds, but he could not be located. Later on the same day the parents notified the hospital that patient was at home, and on January 16, 1944, he was returned to the hospital.

No. 10, on January 8, was noted to be missing at 6:30 p. m. roll call. He was last seen at 1 p. m. Patient has not been located.

No. 11: When the officer of the day came to examine the patient at 8:15 p. m. on November 17, 1943, patient could not be located. A search was made and it was noticed that a window in patient's toilet was open and a bathrobe was lying on the window sill. It was found that a hole about 2 feet in diameter had been torn in the steel wires, were turned back, and apparently the patient had made his escape through this aperture. He has not been located.

No. 12 eloped on December 10, 1943, while on the way to occupational therapy detail with a group of other patients. He was returned to the institution by his mother on December 15, 1943.

No. 13, on December 2, 1943, when a member of the personnel wished to use the elevator in building 9, it was found that the car was at the basement level with the doors wide open. Patients on the ward were immediately checked and patient No. 13 was found to be missing. He has not been located.

No. 14 was seen at breakfast on December 20, 1943, but was missing at the noon meal. He was seen by the recreational director on Route 25 A at about 10:45 a. m. He had been granted ground parole privileges. Patient was reported at the home of his mother.

No. 15, who had ground privileges, was missing at 6:15 p. m. roll call on December 23, 1943. He has not been returned.

No. 16, who had ground parole privileges, was found to be missing at bed check on December 21, 1943. His daughter called the institution and said that the patient was at the home of his wife and was threatening her. State police were notified to get in touch with local police, have him picked up and sent to Bellevue Hospital. He was returned to the hospital on January 26, 1943.

#### SPECIAL INTERVIEWS

No. 1: This patient sustained a compound fracture of the lower third of the right humerus on December 23, 1943. When interviewed concerning this accident he made a vague charge that he had been struck on the other hand by an attendant but was unable to tell who hit him or when this had occurred. He is quite confused. Inquiry was made as to whether or not his other hand had been injured at any time, but the inspector could find no information as to their having been such an injury to the other hand.

No. 2, admitted October 6, 1943, on voluntary status, was committed on November 10, 1943. He expressed the belief that he had not been legally committed and said that he is being held as a prisoner. However, he has ground parole privileges which he says he enjoys very much, and he does typing for the doctors. He praises the doctors highly and stated he has received many kindnesses from them as well as from other personnel of the institution.

No. 3, blind, asked for an interview, which was granted. He was rambling in his conversation, jumped from one subject to another, and said he wanted to be put in another ward. He talked at length concerning prominent people



he knows and seemed somewhat noisy and excited. He spoke of having had frequent conversations with General Pershing and expresses many expansive ideas.

	Male	Female	Total
Employees:			
In institution .....	347	179	526
On ward duty .....	167	35	202
Vacancies, ward service .....	100	18	118
Vacancies elsewhere .....	65	60	125
Graduate nurses (wards) .....	1	48	49
Graduate nurses (elsewhere) .....		3	3
Social service:			
Personnel .....	1	1	2
New cases examined in clinics .....			
Occupational therapy:			
Personnel .....	5	8	13
Patients in occupational therapy classes .....	1,685		1,685
Patients in physical training .....	2,171		2,171
General health:			
Acute medical and surgical cases .....	2		2
Cases of tuberculosis .....	41		41
Cases of contagious disease (tertian malaria) .....	1		1
Total bed cases .....	66		66
Patients in restraint (1 sheet, 2 camisole) .....	3		3
Patients in seclusion .....			

## GENERAL REMARKS

A number of buildings were visited and inspected.

Building 63 has a census of 211 patients and there are 242 beds in this building. They are mostly single rooms but, in order to enlarge the bed capacity, some of the single rooms have two beds in them. All patients in this building have parole of the hospital grounds.

The beds were inspected, the linen observed and found to be clean, and there was an adequate supply of bed linen and blankets. The mattresses were in good condition. Several of the beds were observed and were found to be clean.

Toilets in this building were visited and found to be adequate and in a clean condition.

Building 11 A and B is a building for acutely disturbed patients. Hydrotherapy is carried out in this building, and there were eight tubs where patients receive hydrotherapeutic treatment. There are also 15 so-called tables, or pack beds, where patients are treated with wet packs. This is one of the few buildings in the institution that has its own serving and dining room. Food is brought from the central kitchen to this building in food carts and is served from the serving room. This building was found to be clean throughout. The floors, bedding, and toilets were found to be clean and in good condition.

Building 8 takes care of the tuberculous patients and there were 41 patients housed in this building on the day of the inspector's visit. They occupied the top floor of the building.

Building 8 also takes care of the continued-treatment cases.

The building was found to be in good condition throughout, the floors were clean and the bedding was in good condition. The toilets were inspected and found to be clean.

Building 7, for continued-treatment cases, has a census of 218. Patients who have eloped are housed in this building which was, also, found to be clean throughout. Toilets and floors were clean.

Building 9, for continued-treatment cases, was also visited. This is a part of the acute service. There is equipment in this building for hydrotherapy, and packs and tubs were being used in the basement of the building at the time of the inspection.

Building 2 is the infirmary building, which is used for both medical and surgical cases. There is an emergency clinic in this building, also a dental clinic, X-ray outfit, and hospital laboratory.

Electric shock therapy is being carried out at this hospital at the present time. Your inspector visited the electric-shock department and they are maintaining a case load of 35 to 40. The series has consisted of 20 grand mal seizures, 15 grand mal seizures or various numbers of seizures according to diagnosis and individual circumstances. It is the present practice to avoid, if possible, any

petit mal seizures. One shock only is given per person per session. Earlier, the units gave from two to three shocks per session if necessary to obtain one grand mal seizure. Three sessions are held weekly. All current patients are treated at each session unless excused for intercurrent illness. All cases are selected clinically and after ordinary laboratory tests, to which are routinely added EKG, EEG, and complete spinal X-ray. The electric shock therapy is in charge of Dr. James H. Huddleson, chief of the neuropsychiatric research unit.

**Occupational therapy:** There is one building that is used exclusively for occupational therapy. Occupational activities are divided into two groups; that is, group No. 1 in which patients are directly under the supervision of occupational-therapy personnel, and group No. 2, in which patients are under the general supervision of occupational-therapy personnel. A large number of the patients are doing work which is utilitarian in character, such as woodworking, pajamas, and mattress covers, brooms and brushes, shoe repairing, printing, making rubber mats, and other hospital industries, including farming and gardening. A special project is being carried out in the occupational-therapy department now, that of assorting rivets. Arrangements have been made with a manufacturing plant to send rivets which have been gathered together in industries and are sorted by the patients. Remuneration is given for this work.

Other activities in the occupational-therapy department which are not so directly utilitarian in character are textile and craft work, reed and cane work, habit training, semihabit training, the making of poppies.

Under the general supervision of the occupational-therapy department are patients engaged in landscaping the grounds, caring for the greenhouse, farming and gardening, laundry, dining room and kitchen work, ward service; incidentally, this latter project occupies the largest number of patients, at present 669, service of wards, utilities, clerical, errands, assisting the physical director, and assisting the barber.

When patients are sent to occupational therapy, they are approved as to where they will work by a committee of three, the reconstruction officer, the chief of the occupational therapy and by the ward surgeon.

Fire extinguishers are located on various floors of the buildings and are charged annually. They were last recharged in September 1943.

Fire drills are held at least twice a month, using the 500-gallon-a-minute pumper and fire department of station employees.

At the present time the Army has stationed at the hospital 125 colored troops, in charge of 3 officers, who are assigned to the hospital to assist with the work. Most of them work as attendants.

At present there is one tertian malaria patient being treated at the institution.

All cooking done for staff, patients, and employees is carried out in a large central kitchen, and most of the patients are fed in dining rooms on each side of this kitchen. For the patients who are either too disturbed or too ill to come to the dining rooms, the food is taken to them in carts and served in the buildings where the patients are lodged.

The inspector was present during the serving of a supper in these two large dining rooms. The serving was started at 4:15 p. m., the food was brought to each table in food trucks, and is delivered to the individual plates while hot. The dining rooms are in charge of a trained dietitian who makes out the menus for the patients, attendants, and staff. The menu is the same throughout the institution both for employees and patients.

At the meal inspected by the medical inspector, the menu consisted of baked pork and beans, fish chowder with small squares of toast, fried potatoes, cottage-cheese salad, bread and butter, coffee, and canned apricots. The food was tasted by the inspector and was found to be hot when served, appetizing, and plentiful. Patients were supplied with paper napkins.

The inspector was informed that bathing is carried out among the patients three times a week, and oftener when necessary. Patients are shaved twice a week. They were formerly shaved three times a week but, due to the shortage of personnel, this service had to be reduced.

The institution has a golf course, three tennis courts, an outdoor basketball court, and the recreational activities are in charge of the physical director, who supervises calisthenics, handball, and ping-pong. One dance and two movies are held each week. Numerous entertainments are supplied by service organizations.

The laboratory is in charge of a pathologist, who also has charge of the clinical laboratory and X-ray.

The following information was received from Dr. Foster in connection with veterans admitted to the facility who refused to sign voluntary applications for admission. This information came by letter, dated May 10, 1944:

"The following veteran is to be committed May 10, 1944. Age 30, date of admission April 19, 1944.

"The following veterans have been committed since your visit to the hospital:

"No. 1, age 38; date of admission, April 1, 1944.

"No. 2, age 28; date of admission, April 13, 1944.

"No. 3, age 24; date of admission, April 1, 1944.

"Arrangements are being made for commitment of the following veterans:

"No. 1, age 32; date of admission, April 10, 1944.

"No. 2, age 22; date of admission, May 2, 1944.

"No. 3, age 22; date of admission, April 19, 1944.

"No. 4, age 26; date of admission, April 18, 1944.

"No. 5, age 18; date of admission, April 27, 1944."

I wish to express my appreciation to the manager and his staff for the many courtesies shown me during the inspection of the veterans' facility.

The inspection was completed at 2 p. m. on May 6th.

Respectfully submitted.

MILTON M. GROVER, M. D.,  
*Acting Medical Inspector.*

DR. LOUIS F. VERDEL,  
*Veterans' Administration Facility,  
Northport, N. Y.*

DEAR MR. VERDEL: I am enclosing Medical Inspector's report of visitation to the Veterans' Administration facility at Northport on August 7 and 8, 1944. Dr. MacCurdy has already written you under date of October 11 in reference to several matters noted in this report.

The report also indicates that the certified capacity of your facility has been exceeded which I understand is probably due to the exigencies of the situation, and this matter will be discussed at the time of the next regular medical inspection.

May I also advise that no admission lists Form 45 Adm. have been received since August 26, 1944. May I also ask that when the copies of commitment papers are being prepared for this office that your stenographers insert on page 10 the data requested, particularly the name of the patient and the date of admission. The date of admission is necessary for filing purposes.

Very truly yours,

ARTHUR W. PENSE, M. D.,  
*Assistant Commissioner.*

To the MANAGER,  
*Northport, Long Island, N. Y.*

DEAR SIR: Reference is made to your communication of October 24, 1944, with which you transmitted the report of the medical inspector of the department of mental hygiene covering his survey of your station.

The report has been read with interest and is herewith returned in accordance with your request.

Your courtesy in this connection is appreciated.

Very truly yours,

CHARLES M. GRIFFITH,  
*Medical Director.*

(Enclosure: Report of Department of Mental Hygiene.)

NOTES OF MEDICAL INSPECTION OF VETERANS' ADMINISTRATION FACILITY, NORTHPORT, N. Y., AUGUST 7-8, 1944—DR. JOSEPH L. CAMP, ACTING MEDICAL INSPECTOR

Last inspection May 5-6, 1944.

Inspector arrived at 12:45 p. m.

Staff on duty: Louis F. Verdel, colonel, Medical Corps (manager), Lt. Col. H. E. Foster, Dr. William J. Heffner, Dr. Edward W. Lazell, Dr. Antinono Triolo, Dr. Leonard M. Brown, Dr. Lester Drubin, Dr. Richard P. Biliberty, Lt. Col. James H. Huddleson, Maj. William J. Turner, Maj. Angelo S. Naples, Capt. Leon L. Rackow, Capt. Robert J. Drake, Capt. Daniel Dancik, Capt. Abraham Leff, Lt. Leo H. Kashe, Lt. Col. Virgil B. Williams, Capt. Hirsch L. Gordon, Capt. James H. Hawkes.

Staff off duty: None.



Staff vacancies: 1 senior medical officer, 3 medical officers, 3 associate medical officers.

Patients:		Male	Since last inspection:	Male
Census (carried on rolls)---	2,787		New admissions received---	516
In institution-----	2,724		New admissions remaining--	284
On parole-----			Discharges-----	222
Capacity (official)-----	2,685		Deaths-----	24
Patients employed-----	0			

Inspector says 284 males and no females, a total of 284 patients, who had been admitted since the last inspection. Each was interviewed and granted the privilege of the statute to make inquiries, comments, or complaints regarding admission, care, and treatment.

It is noted that the admission rate of the hospital is increasing very rapidly. A large number of patients are being received from various Army camps throughout the country and also a number are being received on transfer from various State hospitals.

Many of the patients are in condition to make voluntary application for treatment and most of the patients seen were admitted on voluntary application.

When a patient requests his discharge and it is felt that he is not suitable for release, steps are taken for regular commitment papers to be made out. The inspector was informed that in many of the cases where the patient is not considered dangerous and gives written notice, he is released against medical advice.

The manager stated that, because of the rapid admission rate, it is difficult to get patients committed as, in many cases, the relatives will refuse to sign the petition.

A number of the patients seen by the inspector stated that they had made application to be released and other patients stated that they wished to be discharged from the hospital. In all cases where the inspector felt a patient on voluntary status was not in condition to be discharged, and in cases where patient's mental state was such that he be regularly committed.

Fifty-six patients were found to be unsuitable for care on voluntary status and it was recommended that they be regularly committed.

Each voluntary patient who understood the nature of his application was informed of his legal rights to submit notice in writing for his discharge.

Several of the patients stated that they had given written notice requesting discharge on the day after admission but this had not been acted upon.

No complaints were received from any of the patients in regard to treatment in the hospital.

Voluntary-----	146
Committed-----	109
Commitment pending-----	29

#### ACCIDENTS AND INJURIES

Eighteen male patients were reported to the department on Form 159, in accordance with General Order No. 12 as having sustained injuries since the last inspection. All such patients remaining at the hospital were seen and the circumstances reviewed by the inspector. The essential facts are tabulated as follows:

	Male		Male
Accidental-----	6	Improved-----	1
Impulsive act-----	2	Transferred-----	1
Altercation with patient-----	10	Discharged-----	1
Recovered-----	14	Died-----	1

In the following cases the reports were verified as set forth on Form 159:

#### Accidental

No. 1, May 5, 1944: Fracture of distal end of fibula.

No. 2, June 8, 1944: Chip fracture malleolus, right ankle.

No. 3, June 13, 1944: Lesion, articular surfaces, fourth and fifth dorsal vertebrae.

No. 4, June 23, 1944: Fracture, fifth and seventh dorsal vertebrae.

*Impulsive act*

No. 1, June 2, 1944: Fracture, eighth rib, right.

No. 2, July 22, 1944: Contusion around eyes and nose.

*Altercation with patient*

No. 1, April 23-29, 1944: Fracture, nasal bone.

No. 2, May 4, 1944: Fracture, right middle metacarpal.

No. 3, June 1, 1944: Contusion of first toe, left foot.

No. 4, June 9, 1944: Fracture, transverse process, third lumbar vertebrae.

No. 5, June 10, 1944: Fracture of nose.

No. 6, June 13, 1944: Contusion of right hand.

No. 7, June 27, 1944: Fracture of right mandible.

No. 8, June 28, 1944: Fracture, acetabulum, right.

No. 9, July 1, 1944: Fracture, first metacarpal, right.

The remaining cases are noted as follows:

No. 10, June 22, 1944: Following electric shock treatment at 10 a. m. he complained of pain in lower back. X-ray indicated a fracture of the rim of the superior articular surface of the fourth dorsal vertebra. Electric shock treatments were suspended following the treatment of June 22. Patient did not require infirmary care. Patient has been discharged.

No. 11, June 27, 1944: Patient had received electric shock treatment at 10 a. m. At 11 a. m. the physician was notified that patient could not move his lower extremities. X-ray revealed bilateral intracapsular fractures of the femora. A conference with the roentgenologist was held by the clinical director, Col. J. H. Huddleson, and Lieutenant Kashe. It was agreed that a fracture existed, that the voltage, time, and milliamperage were the same as was used routinely. There was no evidence of thinning of the bones. Patient was sent to Veterans' Administration facility, Bronx, for further care and treatment.

No. 12, June 26, 1944: The attendant reported at 8 a. m. that patient stated he was kicked in the abdomen by another patient. On examination by the ward physician at the time, no signs or symptoms of any injury were evident. At 7:30 a. m., June 27, 1944, patient complained of pain in right side of abdomen and vomited some greenish fluid. On examination by the surgeon, abdomen was found to be rigid. Patient appeared prostrated and seemed to be in great pain. He was sent to the infirmary for observation and treatment. Treated for shock. Surgery was contraindicated because of profound secondary shock. Patient died at 2:05 a. m., June 28, 1944. The other patient admitted kicking patient No. 12 because the latter was trying to assault him. The inspector was informed that an autopsy examination was done but that the coroner was not notified.

*Suicidal attempts*

No. 1, May 27, 1944: Attendant on duty found patient with the leg of his pajamas tied around his neck and tied to the door handle in the lavatory; patient was slumped on the floor. The attendant untied him and with the aid of Pvt. Charles Johnson started artificial respiration. When the officer of the day arrived he found patient lying on the floor, artificial respiration having been started. This was kept up in this position until the patient began to breathe more freely. Adrenalin chloride was administered and patient soon began to breathe voluntarily. A special attendant was assigned to watch him and supervise his actions.

No. 2, June 9, 1944: At 7:35 a. m. patient was found by the attendant underneath his bed with a heavy shoestring tied around his neck and a piece of broken glass in his hand with which he inflicted several cuts on the right side of his neck, also several cuts on both arms, all superficial. The patient was immediately seen by the officer of the day and the patient stated that he wanted to die. "What's the use of living?" Patient was sent to ward 11A for special observation.

June 11, 1944, as the nurse was making rounds at 11:15 p. m. she found patient No. 2 out of bed arguing with attendant Byrnes who was on duty at that time. Patient stated he had to kill himself before 10 o'clock. He refused to go to bed and was resistive and combative. A soldier was detailed to stay with patient. The officer of the day was notified, sedatives was given, and sheet restraint was ordered. When other attendants came on duty, they were able to put patient to bed to apply restraint. Patient had reopened lacerations on right side of neck and on left upper arm. He had many superficial scratches on neck and both arms.

This patient escaped from the hospital on July 26, 1944, and has not been returned.

No. 3, June 12, 1944: At 12:45 a. m. the attendant heard a noise in patient's room. On investigation he found patient hanging from the window with a bathrobe belt around his neck. Two other attendants assisted in getting the patient down. The patient had tied a bathrobe belt around his neck and climbed on the window sill. He tied the other end of the belt to the top of the window grill. On examination there was no injury to the patient except for a red streak around his neck. Patient was immediately placed under constant supervision. When seen by the inspector patient was in restraint, was resistive, could give no information.

No. 4, June 19, 1944: At 6:50 a. m. the night attendant found patient banging from a door on the second floor with a shirt fastened around his neck. Patient was taken down and did not need artificial respiration. Patient was placed under special observation by the ward surgeon.

No. 5, July 8, 1944: Patient had been in a depressed state, had received a neutral wet pack. He had been returned to the ward and immediately went into the lavatory and removed his bathrobe belt and fastened the end around his neck. He then tied the other end to the partition. He was detected immediately and no injury resulted. Patient was known to be hyperactive, assaultive, but no attempt at self-destruction had been made before. He was then placed on self-destruction status and the attendant was notified to watch him closely. Patient gave as his reasons for having attempted same that he had been here for 4 years and that they would not let him out. At the time patient made this attempt several patients were going in and out of the lavatory and it was being closely supervised.

#### ESCAPES

Sixteen male patients were reported to the department on form 159 as having escaped since the last inspection. The essential facts regarding these patients are tabulated as follows:

	Male		Male
Returned from escape-----	8	Not returned-----	4
Discharged-----	1	Transferred-----	2
Died-----	1		

#### SPECIAL INTERVIEWS

No. 1 admitted October 1943; committed November 1943: This patient requested an interview with the inspector. He states that he should be discharged from the institution, that he was sent here illegally, that he was not committed by law, and never brought into court. He states that all his property was taken away from him, thinks he is in good condition and should be discharged. He admits that he has epileptic attacks. Patient appears psychotic and suitable for continued care.

No. 2 requested an interview with the inspector. He states that he is all right and should be released from the hospital. He states that he came to the hospital because he needed a rest. He claims he is a graduate from a law school, says he is confined because he is said to be delusional, but says, "I am able to think straight." During the interview patient seemed very tense, nervous, and appeared to be suffering from a psychotic condition and is not suitable for discharge. Major Naples, who accompanied the inspector, stated that patient exhibits definite psychotic behavior.

#### Employees

	Male	Female	Total		Male	Female	Total
In institution-----	308	203	511	Graduate nurses:			
On ward duty-----	147	31	178	Wards-----	1	44	45
Vacancies:				Elsewhere-----	0	0	0
Ward service-----	103	36	139	Total-----	640	369	1,009
Elsewhere-----	81	55	136				



*Occupational therapy*

	<i>Male</i>
Personnel .....	6
Patients in occupational therapy .....	1,645
Patients in physical training .....	1,500
Patients employed .....	0
Total .....	3,151

Occupational therapy building: This building is very well equipped for many forms of occupational therapy. A large number of patients were seen at various types of therapy at the time of the visit. Many of the patients were doing such work as repairing furniture, weaving, repairing shoes. In one of the departments various types of clothing are made for the use of patients in the institution. Many of the articles made are used in various wards of the institution, but some of the articles are sold to people who visit the institution.

The print shop was seen. This is well equipped and does all the printing work for the institution.

In one room a number of patients were employed in sorting rivets which had been sent in by a manufacturing plant. Patients are given remuneration for this work.

*Restraint and seclusion*

Patients in restraint, camisole jackets, male .....	3
Patients in seclusion .....	None

*General health*

	<i>Male</i>
Acute medical and surgical cases .....	16
Cases of tuberculosis .....	50
Cases of contagious diseases .....	0
Total bed cases .....	76
Total .....	142

Shock therapy: The hospital continues to treat patients with electric-shock therapy. There is a special department for giving this treatment.

Malaria treatment is given to suitable patients.

## FOOD SERVICE

All food is prepared in one large central kitchen and most of the patients eat in two large dining rooms adjacent to the kitchen. For patients who are disturbed food is sent from the kitchen to the various wards in food carts and covered containers, and served in dining rooms off the wards. A copy of the hospital dietary is attached.

The inspector was present during the serving of dinner on August 8. The food is brought to the tables from the kitchen in food trucks and is served to each patient from the food trucks. It was noted that the menu is the same for both employees and patients in the institution. The menu consisted of boiled ham, glazed sweetpotatoes, corn on the cob, rice pudding, bread and butter, coffee. This food was well prepared and in adequate quantity. It was noted that the officer of the day is present in the dining room at mealtime and takes his meals at a table in the dining room with the patients.

The inspector was informed that the diet list is made up once a week. Special diets for diabetics and other patients are prepared in this kitchen.

The kitchen was inspected throughout and was very clean. The inspector visited the bakery and saw some of the baked goods which appeared to be of excellent quality.

The butcher shop was inspected and appeared clean.

Meat-refrigerating room was clean and in good condition. Temperature of the room was satisfactory.

## SOCIAL SERVICE

Personnel: Male, one; female, one; total, two.  
New cases examined in clinics, none.

## INSPECTION

A number of the buildings of the hospital were inspected.

Building 2 is used as an infirmary building and has facilities for caring for medical and surgical cases. Several of the wards were visited and appeared clean. Bed linen was in good condition.

Ward A-20 has a capacity of 35 patients and there were 20 patients on the ward at the time of the visit. The general housekeeping throughout the ward visited was good. Small dining rooms off the wards were seen and appeared clean. There is a physiotherapy department in the basement of this building which appears to be very well equipped. Patients are brought into this department from other buildings in the institution for treatment.

Building 9 is a building for continued-treatment cases. Many of the patients are quite disturbed. The basement of the building has equipment for giving hydrotherapy treatment. There are 11 pack tables and 7 continuous bathtubs which were in use at the time of the visit.

Building 11 A and B cares for a group of disturbed patients. This building also has equipment for giving hydrotherapy treatment. There are 8 continuous-bath tubs and 15 pack tables. Patients' bed linen and clothing appeared to be in good condition. Toilet sections were clean. The serving and dining rooms were seen. Food is brought into these dining rooms from the main kitchen in food carts. These patients are too disturbed to be taken to the central dining room.

Building 8: This building cares for a group of tubercular patients, and also a number of infirm cases. A number of the rooms were inspected. The beds and bed linen appeared in good condition. General housekeeping in the building was good.

Building 6: This building had 163 patients on the day of the visit. Most of these patients are the older, deteriorated type. Many of them are untidy.

Building 4: One floor of this building was seen. The building cares for 196 patients and is a continued-treatment building.

Building 63: This is a large building caring for 242 patients. The patients in this building have ground parole. This building was inspected throughout. It was noted that most of the rooms are equipped with two beds and some of the clothing rooms on each floor have been converted into small wards for patients.

The sunporch on the first floor has been enclosed and is now used as a ward for patients.

The various rooms and toilet sections appeared to be very clean and bed linen was noted to be good.

In the basement of the building there are very large dayrooms for patients which are well equipped with chairs and game tables. There is a large central clothing room in the basement which is neat and orderly.

The inspector was informed that the sunporches on other buildings in this group are being enclosed and converted into wards for patients because of the crowded conditions of the buildings.

The inspector was informed that there is considerable shortage of attendant personnel on the wards. At the present time the Army has stationed at the hospital a group of colored troops who assist with the ward work.

The inspector was informed that, because of the large number of admissions, it is difficult to prepare as complete records on patients as was formerly done.

## FIRE PREVENTION

Fire extinguishers are located in various buildings of the institution and are charged annually. They were marked as having been recharged in September 1943.

The inspector wishes to express appreciation to Colonel Verdel and Major Naples for the courtesies extended during the visit.

Inspector completed inspection at 4:30 p. m., August 8, 1944.

JOSEPH L. CAMP, M. D.,  
*Acting Medical Inspector.*

NORTHPORT, LONG ISLAND, N. Y., January 16, 1945.

STATE OF NEW YORK, DEPARTMENT OF MENTAL HYGIENE,  
Albany, N. Y.

(Attention secretary)

DEAR SIR: We wish to acknowledge receipt of the report of the medical inspector's visitation to this facility on November 20, 21, and 22, 1944. This report has been placed in the medical inspector's binder, in accordance with your instructions.

Very truly yours,

LOUIS F. VERDEL,  
Colonel, Medical Corps,  
Manager.

JANUARY 5, 1945.

Dr. LOUIS VERDEL,

Veterans' Administration Facility, Northport, N. Y.

DEAR DOCTOR: I am directed to enclose copy of the medical inspector's notes of visitation to your institution on November 20, 21, and 22, 1944. Will you kindly have this placed in the medical inspector's binder at your institution and in acknowledging receipt, state that this has been done.

Very truly yours,

ARTHUR W. PENSE, M. D.  
Assistant Commissioner.

NOTES OF MEDICAL INSPECTION OF VETERANS' ADMINISTRATION FACILITY, NORTHPORT, N. Y., NOVEMBER 20, 21, 22, 1944—BASCOM B. YOUNG, M. D., ACTING MEDICAL INSPECTION

Last inspection August 7 and 8, 1944.

Inspector arrived at 4:30 p. m., November 20, 1944.

Staff on duty: Louis F. Verdel, Colonel, Medical Corps (Manager), Lt. Col. H. E. Foster, Dr. William J. Heffner, Dr. Edward W. Lazell, Dr. A. Triolo, Dr. Leonard M. Brown, Dr. Lester Drubin, Dr. Richard P. Giliberty, Lt. Col. James H. Huddleson, Maj. William Turner, Lt. A. Carra, Dr. Maurice E. Herman, Maj. Angelo S. Naples, Capt. Leon L. Rackow, Capt. Robert J. Drake, Capt. Daniel Dancik, Capt. Abraham Leff, Capt. Leo H. Kashe, Lt. Col. Virgil B. Williams, Capt. Hirsch L. Gordon, Capt. James H. Hawkes, Maj. James Watson.

Staff off duty: None.

Staff vacancies: one medical officer, two associate medical officers.

*Patients*

	Male		Male
Census, carried on rolls-----	3,077	Patients on convalescent status--	266
In institution (this includes 3 medical, 3 allied, 3 domiciliary cases)-----	2,784	Patients on elopement status-----	23
Patients at Veterans' Administration Facility, Bath, N. Y.-----	33	Patients employed-----	0
Patients on leave of absence-----	4	Capacity:	
Patients at Veterans' Administration Facility, Bronx, N. Y.-----	7	Certified-----	2,312
		Emergency-----	2,806
		Overcrowding-----	471

Colonel Verdel, manager, explained that whereas the certified capacity is 2,312, an emergency capacity of 2,806 beds has been reached by the enclosing of several porches, installing beds, also by placing beds in certain day rooms and by making room for more beds by putting clothing rooms in the basements. In spite of this, however, the manager explained that the institution was still maintaining a 5-foot center between the beds, that is, the distance from the center of one bed to the center of the adjacent bed is no closer than 5 feet. At the present time, two porches in building 63 are being enclosed and will make room for 24 more beds, so that actually at the present time there are only 2,782 beds in use.

The letter of October 20 to Colonel Verdel from Assistant Commissioner Arthur W. Pense was discussed with the manager by the inspector. The manager stated that the admission rate was increasing rapidly and that at the present



time an additional 147 patients have been authorized for admission to this facility by the Medical Director of the Veterans' Administration in Washington.

The manager advised also that the facility is short of office personnel, but that a list of admissions on Form 45 Adm. was sent on September 8, 1944, and was acknowledged by the Department. Every effort will be made to send these admission lists in promptly in the future. The inspector was informed that the stenographers had been instructed to insert on page 10 of copies of commitment papers the data requested by the Department, particularly the name of the patient and the date of admission.

Since last inspection:

	<i>Male</i>
New admissions received.....	443
New admissions remaining.....	238
Discharges.....	185
Deaths.....	24

Inspector saw 238 males and no females, a total of 238 patients, who had been admitted since the last inspection. Each was interviewed and granted the privilege of the statute to make inquiries, comments or complaints regarding admission, care, and treatment.

A number of the patients seen by the inspector stated that they either did not sign the voluntary application, or did not remember signing the voluntary application. In all cases where the inspector felt that patient understood the nature of his application, he was informed of his legal rights to submit notice in writing for his discharge.

Thirty patients on voluntary status in the hospital were not considered suitable for such status by the inspector, and the inspector feels that these patients should be committed as soon as possible, unless they are discharged.

No complaints were received about the care and treatment of the patients, but several of the patients on voluntary status complained that they did not want to remain in the hospital and each was informed of his rights as noted above and was told if he so desired, he could submit his notice to Col. Louis F. Verdel, manager. A list of the patients seen is attached to this report.

#### ACCIDENTS AND INJURIES

Forty-three males were reported to the Department on form 159, in accordance with General Order No. 12 as having sustained injuries since the last inspection. All such patients remaining at the hospital were seen and the circumstances reviewed by the inspector. The essential facts are as follows: Accidental, 7; impulsive act, 3; altercation with patient, 15; altercation with employee, 1; unknown, 17; recovered, 30; improved, 10; convalescent status, 0; discharged, 2; died, 1.

In the following cases the reports were verified as set forth on form 159:

##### *Accidental*

No. 1 patient: October 26, 1944, superficial lacerations right wrist; contusion left eye.

No. 2 patient: September 29, 1944, compression fracture of the bodies of the tenth thoracic and first and second lumbar vertebrae.

No. 3 patient: September 3, 1944, fracture of the proximal phalanx of the left little toe.

No. 4 patient: September 15, 1944, fracture of the distal end of the fifth metacarpal.

No. 5 patient: September 5, 1944, fracture of the rim of the fourth, fifth, and sixth dorsal vertebrae.

No. 6 patient: October 11, 1944, second degree burns of the skin of the pelvic region.

No. 7 patient: November 6, 1944, 1 inch long laceration of scalp of the left parietal region.

##### *Impulsive act*

No. 1 patient: October 8, 1944, lacerations outer side of right wrist and also laceration above the wrist.

No. 2 patient: October 26, 1944, lacerated wound on thumb of right hand.

No. 3 patient: October 29, 1944, lacerations of right hand.

*Altercation with patient*

No. 1 patient: September 30, 1944, contusion and swelling of right great toe. Incomplete fracture proximal portion distal phalanx of right great toe.

No. 2 patient: October 1, 1944, fracture second metacarpal right hand.

No. 3 patient: October 17, 1944, multiple scratches of face, fracture of proximal phalanx, little finger, left hand.

No. 4 patient: August 30, 1944, fracture into the right maxillary antrum.

No. 5 patient: October 17, 1944, 1 inch laceration of scalp.

No. 6 patient: October 29, 1944, three-fourth inch laceration of skin below left lower eyelid.

No. 7 patient: October 19, 1944, cellulitis of dorsum of right hand, caused by puncture wounds made by a table fork.

No. 8 patient: October 10, 1944, 2-inch laceration of nose.

No. 9 patient: September 29, 1944, laceration on lower lip.

No. 10 patient: October 17, 1944, laceration under left eye. Fracture tenth and eleventh left ribs.

No. 11 patient: October 8, 1944, two lacerated wounds of scalp.

No. 12 patient: October 9, 1944, contusion of nose.

No. 13 patient: September 20, 1944, contusion of forehead and of nose. Fracture ninth rib, right side.

No. 14 patient: October 4, 1944, laceration right eyebrow.

*Altercation with employee*

No. 1 patient: September 21, 1944, contusion over the left cheek bone.

This patient on September 21, 1944, was on the porch with a number of other patients. Soldier attendant, Private Dash, was attacked by one of the patients from the rear. He turned around quickly and swung his arm. His hand struck patient No. 1 on the left cheek. Private Dash was only 18 years of age and had been in the Army only 5 weeks. He did not know he had hit him and apparently had impulsively flung his arm around. Private Dash was not at the hospital when the inspector visited. The inspector was informed that it was believed that Private Dash was now at the Mason General Hospital conducted by the Army at Pilgrim State Hospital and that he might be under observation there.

The remaining cases are noted as follows:

No. 2 patient: October 24, 1944, patient was in bed in the posttreatment room, ward 9-B, south dormitory, following electric-shock-therapy treatment No. 8, grand mal No. 6. During recovery from this treatment and while going through the usual posttreatment restlessness common to this phase and stage of recovery, the patient rolled out of bed onto the floor while the therapist, Lt. L. H. Kashe, was busy in the treatment room treating another patient in turn. There were two attendants in the posttreatment room with patient No. 2 but suddenly a patient in another room who was to undergo treatment, became mentally disturbed, and these two attendants ran out to assist in quieting him. During the time they were out of the room, patient No. 2 rolled out of bed onto the floor. Patient sustained ecchymosis of the forehead, several scratches of the left ear, bleeding from left ear. Nose and throat consultation did not show that the left drum was ruptured, however. X-ray report of this patient's skull dated October 24, 1944, showed linear fracture left temporal, parietal region. The patient, when interviewed, was ambulatory. He stated he did not know what had happened at the time he was injured, except that he had a cut on his left ear, and that he now had headaches at times. He says that about every day he has frontal headaches and a dull feeling in his head. States he has no difficulty in hearing, but that he does have some "bussing" of the left ear. Although dizzy at times, he never falls. No neurological signs were found. The laceration of the left external ear canal is healed. It is possible that this patient may have slight residuals of his fracture of the skull. Apparently he had cerebral concussion at the time of the accident. The inspector was informed by the ward physician that as far as he could tell, there had been no change in the patients' mental condition following the injury noted.

No. 3 patient: October 7, 1944, this patient received and electric-shock treatment and the convulsion was very severe. All precautions were said to have been taken to prevent such an accident. The injury was fractures of the bodies of the 7th and 8th thoracic vertebrae. The patient had already had three electric-shock treatments, resulting in no inconvenience to him, but when the fourth one was administered, he reacted to it with a most violent convulsion. The treatment was given with a milliamperage of 780, voltage 115, duration of current 0.2 seconds. Sandbags were placed under patient's back and proper hyperextension

of the vertebral column was obtained. Two attendants held the patient during the convulsion. When the patient was seen, he was unable to say as to how his back was injured. He stated that his back still bothered him somewhat. Patient is ambulatory, and his condition is definitely improved.

No. 4 patient: On October 10, 1944, during ward rounds, it was noted by the physician that this patient had bits of torn clothes and shoelaces wrapped around his left wrist. There was a spot of tenderness over the styloid process of the left ulna. Patient gave no statement about the injury. X-ray examination showed a fracture of the styloid process of the left ulna with lateral displacement of the fragment. Appropriate treatment was given. In 2 days, all tenderness is said to have disappeared. When seen by the inspector on November 2, 1944, the patient claimed that his left wrist was twisted by some other patients whom he could not identify. The injury is improved. The inspector was unable to find out the exact cause.

No. 5 patient: On November 5, 1944, patient was discovered to have discoloration, swelling, and a cut below the right eye, when he was being prepared for bed. The patient stated that another patient had struck him, but when interviewed would not answer. The injury was contusion about the lower eyelid with a three-fourth inch laceration of the skin below the right eye. Both injuries when seen were recovered.

No. 6 patient: On September 26, 1944, this patient struck at another patient and struck the wall with his left hand, sustaining a transverse fracture of the shaft of the proximal phalanx of the fourth finger of the left hand. When interviewed on November 22, 1944, the patient would not talk, except to say that he did not hit the wall and hurt his hand. The injury was recovered, but the inspector was unable to determine just how the injury had happened.

No. 7 patient: On August 28, 1944, this patient complained of his left hip hurting him when he was being put to bed. At that time, patient was allowed to rest and he was examined the next day by the ward physician, at which time there were signs of fracture of the left hip. X-ray was taken and showed an intracapsular fracture of the left hip, which was thought to be in the nature of a pathological fracture. Questioning by the facility of the personnel did not disclose how the injury had happened. A board of survey was appointed, which could not find out exactly what had happened. When seen November 21, 1944, the patient was in a wheel chair. He stated he did not know exactly what happened, but he did say that he remembered falling out of bed sometime before the date of the accident. However, the inspector could not be sure that this was the correct version of the affair. The condition is improved.

No. 8 patient: On September 6, 1944, patient was noticed to have discoloration of the left eye. X-ray revealed fracture of the nose. The patient, when interviewed November 22, 1944, did not remember how he received the injury, and the inspector could not find out exactly what had happened. At the present time the injury is recovered.

No. 9 patient: On September 22, 1944, swelling was noticed in this patient's jaw. The ward physician was immediately notified. An X-ray examination showed fracture of the mandible. The patient at that time was mute and inaccessible. The facility could not ascertain as to how the injury had happened. The inspector, likewise, was unable to determine what had caused the injury. At any rate, when seen the injury was recovered. Patient was mute and no contact could be made with him.

No. 10 patient: On October 25, 1944, the patient's sister, when visiting the patient, told the surgeon that her brother, the patient, had a small swelling on his right hand. X-ray was ordered, and on October 26, 1944, showed a fracture of the distal end of the fifth right metacarpal bone. The patient's statements were thought to be unreliable, but he did state that he hit his hand against the wall during one of the electric-shock treatments. When seen November 21, 1944, the patient said he did not know what had happened, he may have hit the door with his hand. He was so confused at this time that his statements were not considered reliable. The condition is recovered. There is slight deformity of the distal end of the fifth right metacarpal bone.

No. 11 patient: On October 19, 1944, attendant, Mr. Christy, saw another patient strike No. 11 patient. Patient No. 11 received a stellate laceration above the bridge of the nose, requiring two sutures. When interviewed November 21, 1944, the patient did not recall being hit. At any rate, the laceration was healed.

No. 12 patient: On September 1, 1944, during the morning rounds, it was noted that this patient had two discolored eyes. At that time the patient is said to have stated that he had been beaten by three soldiers, but could not name his



assailants. The patient further stated that he had called the soldiers many names before they struck him. When interviewed November 21, 1944, the patient denied being hit by three soldiers. He said that he was hit on the left eye 28 days ago by another patient. The patient received bilateral discolorations of both eyes and ecchymosis over the fourth and ninth ribs of the left side. X-ray was negative. A board of survey was appointed, but was unable to prove mistreatment by the employees. The inspector was unable to determine the cause of this injury.

No. 13 patient: On September 30, 1944, patient complained of pain in the right great toe. The ward physician was notified. An X-ray examination showed a fracture of the proximal phalanx of the right great toe. Upon questioning at the time of the injury, the patient stated that he kicked another patient and hurt his toe. When interviewed November 22, 1944, no contact could be made with the patient, and the inspector could not actually determine what had happened.

No. 14 patient: On October 4, 1944, this patient was discovered to have a discoloration and swelling about the left eye. The patient was interviewed and stated that an attendant, he could not name the attendant, struck him about 6: a. m. because he would not get out of bed. Both of the night attendants on the ward were questioned. They said that the patient had been very difficult and argumentative for the past four mornings. They said that they had to pull the covers off of him before he would get out of bed. Both denied striking him. Attendant Justin, one of the night attendants, stated that he noticed there was some swelling below the left eye when he came on duty at 7 p. m. the previous evening. Another soldier attendant, Private Hines, who was on duty from 7 a. m. to 4:30 of October 3, 1944, stated that he did not notice any swelling of patient's face on October 3, 1944. He stated that he noticed the swelling of the patient's face when he came on duty October 4, 1944. Another soldier attendant, Private Brown, who was on duty from 10 a. m. to 7 p. m. October 3, 1944, did not notice the swelling of the patient's face. When seen on November 22, 1944, the patient claimed that an attendant named "Dalton" had hit him on the morning of the date of the accident because he, the patient, would not get out of bed at first. The inspector checked up and found that no attendant named "Dalton" was working on the patient's ward at that time. The inspector was unable to determine just what had happened. It is possible that this patient was struck, but the inspector could not prove it. At any rate, the injury was recovered when seen.

No. 15, 1944: On October 27, 1944, this patient took some bread from another patient while at the dinner table. Several blows were exchanged before attendants could separate the patients. Both patients were stripped and examined by the ward surgeon and no injuries were noted. On October 30, 1944, the patient complained of pain in the left side of his chest. X-ray examination showed a fracture of the ninth left rib. When interviewed November 22, 1944, the patient could not give any relevant or reliable information. The fracture of the rib was healed, however. The patient was recovered as far as the injury was concerned.

No. 16 patient: On October 26, 1944, another patient struck patient No. 16 over the right eye as No. 16 attempted to pass through the day room door, pushing the other patient, who was blocking the doorway. Patient No. 16 sustained a laceration above the left eyebrow. When seen November 22, 1944, he would not talk concerning the accident. The laceration was healed, but the manner in which it was caused could not be ascertained by the inspector from the patient.

The following patients who sustained injuries since the last inspection could not be seen by the inspector:

No. 1 patient: Admitted July 10, 1928; age 53; R-612; diagnosis, psychosis with epileptic deterioration. On October 13, 1944, at about 8:45 a. m., the ward physician, Captain Hawkes and head attendant, Mr. Monica, were making rounds in the east day room when a cry was uttered and a heavy thud occurred in the adjoining hallway. The patient was found bleeding from the right external ear canal. An X-ray of the skull was taken and revealed fracture of the skull from the parieto-occipital region to the base on the right. Patient died November 5, 1944. Cause of death was given as myocardial degeneration. The coroner was not called.

No. 2 patient: Admitted August 4, 1944; age 26; diagnosis, dementia praecox, type undifferentiated, catatonic features; patient, who was in a disturbed and perplexed state, had been receiving sedative hydrotherapy in the nature of neutral wet packs during the afternoon of August 5, 1944. Upon his return to the ward, it was ascertained that he had a discoloration of both eyes, fracture of the fifth, eleventh, and twelfth right ribs and the seventh and eighth left ribs. This patient was discharged and could not be seen at the time of inspector's visit.

No. 3 patient: Admitted July 3, 1944; age 25; R-7717; diagnosis, psychoneurosis, mixed type, with obsessive and depressive components. On September 2, 1944, about 6 p. m., while playing ball in the courtyard, patient sustained an injury to his right thumb in an attempt to catch the ball. Patient did not report the injury until 8 a. m., September 4, 1944. X-ray showed a small, chipped fracture of the proximal portion of the distal phalanx of the right thumb. The fragment was in good position. Appropriate treatment was instituted. At the time of discharge fracture was recovered.

#### SUICIDES, OR SUICIDAL ATTEMPTS

No. 1 patient: This patient was admitted to the Veterans' Administration Facility, Northport, Long Island, December 5, 1940, at the age of 48. Mental diagnosis, dementia praecox, paranoid type. Identification No. 325569. It was reported to the Veterans' Administration Facility, Northport, Long Island, N. Y., by the State troopers that this patient had shot himself through the head on August 7, 1944, at about 7:30 a. m., in the town of Huntington, Long Island, N. Y. The patient was on trial visit from the facility from September 2, 1942, to August 26, 1943, when he was returned. On January 9, 1944, patient again left on trial visit in the custody of his brother and guardian, De Witt J. Thomson. On July 9, 1944, the trial visit was extended 90 days because at that time a satisfactory report of the patient's progress had been received.

No. 2 patient: This patient was admitted August 18, 1944. Government registration, R-8001; diagnosis, schizophrenia psychosis; age 29. This patient committed suicide by hanging on August 27, 1944, in building II, Veterans' Administration Facility, Northport, Long Island, N. Y. At 3:45 p. m. the second officer of the day, Captain Dancik, was summoned in response to an emergency call from building II. Response was immediate, and when he arrived, he was informed that the patient had hung himself. Captain Dancik went into the dressing room of the shower in ward II-A and saw the body of the patient lying on the floor, face down. He was somewhat cyanotic, and his hands were cold. He was fully dressed in his Army uniform, with the exception of the tie, belt, and shoes, wearing slippers instead of shoes. It was noted that the patient had a circular cyanotic abrasion which traveled from the occipital region of the skull around the neck. It was also noted that a noose of white material was suspended from the heat grating of the dressing room, just above the entrance of the room. Lieutenant Colonel Foster, clinical director, was immediately notified and responded at once. Col. Louis F. Verdel, manager of the facility, and Lieutenant Colonel Williams were informed, and investigation was made. The coroner was called and investigated the case on August 28, 1944. The patient died August 27, 1944. Cause of death was given by the coroner, Dr. Grover A. Silliman, as suicide incurred by hanging by the neck with a pajama bottom from a ventilator in a closet of the above hospital, Veterans' Administration Facility, Northport, Long Island, N. Y.

No. 3 patient: Admitted September 9, 1944. Government registration No. 8137; age 33; diagnosis, dementia praecox. On November 3, 1944, in the day room of ward II-A south, this patient, upon returning to the ward day room after eating his dinner, suddenly thrust his right fist through a windowpane and picked up a piece of glass and attempted to cut his throat but was prevented in time from doing so by attendant, Mr. Parsons. The patient is stated to have been actively psychotic at the time and to have said that he heard voices telling him to kill himself. This latter statement was verified by the inspector when the patient was seen on November 22, 1944. A small lacerated wound of the right thumb and a small superficial laceration of the right side of the neck were healed when the patient was seen.

No. 4 patient: Admitted August 9, 1944. Government registration No. 7946; age 27; diagnosis, psychosis, unclassified. On October 18, 1944, at 5:35 a. m., patient suddenly jumped from his bed and broke a windowpane and attempted to cut his throat with a piece of glass. Attendants McCabe and Private Watkins reached the patient immediately and prevented further action on the part of the patient. The patient sustained multiple superficial lacerations of the throat and hands. When seen, patient stated that he was hearing imaginary voices at the time which told him to cut his neck. Both injuries were recovered when seen.

No. 5 patient: Admitted May 28, 1944. Government registration No. R7512; age 26; diagnosis, dementia praecox, mixed type. On September 29, 1944, at 11:50 a. m., in ward II-A, south side, this patient, upon being removed from

camisole jacket for dinner, suddenly thrust his right hand through a window-pane. He then attempted to slash his throat with a piece of glass, stating that he did not want to live. This was verified when the patient was seen November 22, 1944. Injuries consisted of a 2-inch superficial scratch of the right side of neck and a 1-inch laceration of the right hand and were recovered when the patient was seen.

No. 6 patient: Admitted October 18, 1944. Government registration No. 8256; diagnosis, dementia praecox, hebephrenic type; age 20. On October 25, 1944, at 6:15 a. m., in ward A-20 of the reception service, this patient was found with a broken drinking glass in his bed when he was aroused from sleep. At the time, the patient is said to have stated that he broke the drinking glass which he "took from the dining room yesterday." Patient was confused, delusional, and actively psychotic. He sustained superficial lacerations on his right elbow and wrist. When interviewed, the patient said that "it was his nerves," he guessed; at the time that the injury occurred he did want to kill himself. When seen, the patient's injuries were recovered.

## SUDDEN DEATHS

None.

## ESCAPES

Eighteen male patients were reported to the department on Form 159 as having escaped since the last inspection. The essential facts regarding these patients are as follows:

Returned from escape-----	8	Died-----	0
On convalescent status-----	1	Not returned-----	6
Discharged-----	3	Transferred-----	0

The patients who had been returned to the institution were interviewed, and the facts as reported on form 159 were verified in the following cases:

	Date of escape	Status		Date of escape	Status
No. 1 patient....	Nov. 3, 1944	Returned Nov. 15, 1944.	No. 5 patient....	Sept. 9, 1944	Returned Sept. 16, 1944.
No. 2 patient....	Aug. 28, 1944	Returned Nov. 16, 1944.	No. 6 patient....	Sept. 8, 1944	Returned Sept. 13, 1944.
No. 3 patient....	Oct. 4, 1944	Returned Oct. 4, 1944.	No. 7 patient....	Sept. 6, 1944	Returned Sept. 9, 1944.
No. 4 patient....	Oct. 28, 1944	Returned Nov. 9, 1944.	No. 8 patient....	July 26, 1944	Returned.

Following is a list of patients who could not be seen by the inspector:

	Date of escape	Status		Date of escape	Status
No. 1 patient....	July 24, 1944	Discharged.	No. 6 patient....	Aug. 11, 1944	Not returned.
No. 2 patient....	July 30, 1944	Do.	No. 7 patient....	Aug. 21, 1944	Do.
No. 3 patient....	Sept. 22, 1944	Do.	No. 8 patient....	Sept. 17, 1944	Do.
No. 4 patient....	Sept. 4, 1944	Not returned.	No. 9 patient....	Sept. 3, 1944	Placed on convalescent status
No. 5 patient....	Oct. 6, 1944	Do.			Sept. 15, 1944.

## SPECIAL INVESTIGATIONS AND INTERVIEWS

Col. Louis F. Verdel asked the inspector to request the department to inform him further regarding certain things not quite clear in his mind as to the proper procedure regarding voluntary patients, who on admission were suitable for voluntary application but who later became worse mentally and who no longer are clearly suitable for such status. He asked the inspector this question: Could he keep a voluntary patient for 60 days before committing the patient if the patient was not suitable during the interim after admission for remaining on a voluntary status? In other words, take, for example, the case of a young catatonic schizophrenia who comes into the facility, signs a voluntary blank, and meets all the requirements for such status, only a week later to become actually



out of contact: Can the facility hold such a patient as this until the end of the 60-day limit before committing him?

No. 1 patient: Admitted on a voluntary application October 12, 1939, judicially committed October 24, 1939; age 42. Patient has no committee or guardian appointed. Diagnosis, dementia praecox, paranoid type. In an undated letter to the department, received in Albany August 24, 1944, the patient complained that he was illegally held in the hospital and that he had received no attention and that he had been unable to take any legal means to be released. Assistant Commissioner Pense wrote the patient under date of August 25, 1944, that the medical inspector, on his next visit, would discuss the situation with the patient. Inspector accordingly saw the patient on November 22, 1944. According to the record, this patient had had systematized delusions of persecution and ideas of reference with auditory hallucinations for approximately 18 months before admission. He had failed to adapt to married life. When seen, the patient contended that he had no mental illness whatever; further, that he was not served with notice of intention to commit him and that he did not appear in court when he was committed to the Northport Facility. He also said that his sister and his brother-in-law and some of the brother-in-law's friends tried to drive him to commit degenerate acts. He admits hearing voices of unseen people and has no insight into his mental condition. He states that his brother-in-law and sister are still in on the plot against him. He claims that a letter he sent to the supreme court at Riverhead was not mailed by the Veterans' Administration facility, but the inspector saw the reply from the United States district court, which the patient had in his possession. The patient further said that operators and observers were working on him and that his feet had been burned at the institution by his persecutors. No evidence of having been burned on his feet. The patient's rights in relation to his securing a writ of habeas corpus were explained fully to him. In the opinion of the inspector, this patient is definitely psychotic and should be retained in a mental hospital.

No. 2 patient: State identification No. 399002, Government registration No. 6082. Admitted May 5, 18, 1943, by transfer from Kings Park State Hospital on judicial commitment. This patient was seen at the request of Assistant Commissioner Arthur W. Pense. The patient's father had addressed a letter to Governor Dewey concerning the patient. The letter to Governor Dewey was referred to Commissioner MacCurdy. Patient's father was informed by Dr. Pense on November 4, 1944, that the accident mentioned below was sustained by the patient on June 2, 1944, and further was reported to the department of mental hygiene and it was inquired into by a medical inspector, but that another medical inspector would be visiting the facility in the near future and that the matter would be reinvestigated. The patient's accident that his father referred to in his letter to Governor Dewey occurred on June 2, 1944, in ward 9-B north. The patient was overactive, noisy, and mentally disturbed after a neutral wet-pack treatment. When supervised before bedtime in going to the bathroom, he threatened to kill someone. When he came out of the toilet section, he picked up a floor lamp, pulled the cord out of the socket, and ran with the lamp into the day room of the ward and then into the dormitory, swinging the lamp around and around. Ward attendants followed and attempted to take the lamp from him. In the scuffle that ensued, the patient fell to the floor and struck the right side of his head and jaw on the foot of the bed. On the next day, June 3, 1944, when again being placed in a neutral wet pack, the patient winced with pain in his chest. X-ray examination reported June 5, 1944, showed a fracture of the eighth left rib laterally. The X-ray report stated that there was some calcification and bone regeneration at the line of fracture, indicating that the occurrence was not a very recent one. The patient was seen by D. E. W. Lazell, ward surgeon, and given appropriate treatment.

The matter was investigated by a board of survey appointed by Lt. Col. H. E. Foster, Medical Corps, acting manager of the facility at that time. The board of survey met June 12, 1944, and the findings were to the effect that the patient received injuries consisting of: First, contusion of right eye and jaw; second, fracture of left eighth rib laterally; third, that the attendants used no rough treatment or handling of patient; fourth, that patient admitted striking himself against the foot of the bed in the scuffle with the attendants; and fifth, that patient claimed that he was assaulted by colored attendants when none were present. This last statement was verified by the inspector also.

This patient has had several previous altercations with other patients and excited episodes. On March 6, 1944, he broke out 21 windowpanes with the foot of a bed that he had removed. On March 12, 1944, this patient impulsively

punched out a pane of glass, sustaining a laceration of the fifth finger of his right hand. On July 10, 1944, this same patient struck another patient on the nose without apparent provocation. The patient was interviewed on November 22, 1944. When he was asked if anybody hit him, he said "No." He then stated spontaneously, "Somebody punched me; I punched myself." When asked if he had any complaints about mistreatment, he said, "No complaints." He later said, "No one mistreated me." These statements were witnessed by Maj. Angelo S. Naples and by Miss Theobald, a nurse. Mentally, the patient was self-absorbed, but answered fairly promptly. The injuries referred to above are entirely recovered. There are no marks on the patient's face. There is no tenderness or pain over the ribs. The right eye shows no evidence of injury, and neither does the right side of the jaw.

No. 3 patient: Identification No. 405418, Government Registration No. 6168. This patient was injured on October 24, 1944, sustaining a laceration of the anterior wall and floor of outer third of left external ear canal, as well as a linear fracture of the left temporal, parietal region of the skull. The inspector saw the patient at the request of Dr. Arthur W. Pense, assistant commissioner, department of mental hygiene. Patient's mother had written to the department on October 31, 1944, concerning the patient's injury. As noted in the section of this report "Accidents and Injuries," this patient received his injuries following an electric shock treatment. While recovering from the posttreatment phase, the patient rolled out of bed onto the floor, striking his head and left ear. The two attendants who were in the posttreatment room had to leave the room suddenly to help take care of another patient in the antetreatment room, said patient having become disturbed, and the attendants went out to assist in quieting him. The patient's laceration of the left external ear canal had healed when seen on November 21, 1944. As noted before in this report, the patient when seen complained of frontal headaches about every day and also a dull feeling in his head. He made no complaints about his hearing, and although he stated he was dizzy at times, he said he never did fall. No pathological or neurological signs were made out. The inspector was informed by the war surgeon that the patient's mental condition had shown no change since the injury. When seen the patient appeared definitely psychotic. He stated that he did not know what had happened except that he had received a cut in his left ear and that he had headaches. This patient was judicially committed to the facility on July 29, 1943, after having been admitted there on June 17, 1943, as a voluntary patient. He had been inducted into the Army July 11, 1942, and discharged July 17, 1943.

The inspector was informed that there was very little bleeding from patient's left ear at the time of the injury and that the patient was given appropriate treatment. It is inspector's opinion that this patient probably has some residuals of his accident. It is inspector's further opinion that this patient quite possibly had a mild cerebral concussion at the time of the injury but that the condition has improved. The patient is now ambulatory, as noted, and after a perusal of the record, it is the inspector's belief that the patient's mental condition is no worse now than it was before the injury.

### *Employees*

	Male	Female	Total
In institution.....	300	182	482
On ward duty.....	134	22	156
Vacancies:			
Ward service.....	95	55	150
Elsewhere.....	63	73	136
Graduate nurses:			
Wards.....	1	41	42
Elsewhere.....	0	0	0
Total.....	593	373	966

The above figures indicate the total number of vacancies as 286 at the time of the inspection. The manager stated that the facility at present has an authorized detail of 300 men and 3 officers from the United States Army. The facility has actually received 223 colored soldiers and 3 officers to supplement the ward attendants. To these soldiers was given a course of instruction in the care of mental patients. The manager stated that the proper care and nonabuse of patients were stressed.



## OCCUPATIONAL THERAPY

Personnel, male, 7; patients in occupational therapy, male, 1,697; patients in physical training, male, 1,616.

In addition to the 13 regular people in the occupational therapy department, there are 2 soldiers detailed to this department. The facility does not count patients who work as being employed in the usual sense. At present there are about 80 patients that work in the main kitchen, and many others who work elsewhere—on the ward, etc. As a matter of fact, 1,697 patients are "employed" in the occupational therapy classes.

Occupational therapy building: The inspector visited this building, which is very well equipped. The occupational therapy shops are housed in this building. There is a paint shop and print shop. The print shop does most of the printing for the institution. There is also a very large room in which are many types of power-driven saws, lathes, and other machinery, and in this room repairing of furniture is done. Toys are made, and so forth. There is also a room for metal work, and still another room where raffia work is done, as well as caning of chairs. Concrete bench ends are also made in the occupational therapy shops. There are two large rooms given over to rug making, where woven and hooked rugs are made, as well as small baskets out of fiber, etc.

There is also a sewing room where pajamas and other articles are made for the patients. There are several power-driven sewing machines operated by the patients in this sewing room.

There is also a shoe shop where repairs to the shoes for the patients are made.

*Restraint and seclusion*

Patients in restraint, camisole jackets, male, three.

Patients in seclusion, none.

## GENERAL HEALTH

Acute medical and surgical cases, male, 40.

Cases of tuberculosis, male, 53.

Cases of contagious diseases, none.

Total bed cases, male, 61.

Total cases, 154.

*Shock therapy*

The hospital continues to treat patients with electric-shock therapy. There is a special department for giving this treatment, which at present is being done by Lieutenant Kashe.

As noted in the last inspection, malaria-fever therapy is given to cases of paresis.

## FOOD SERVICE

As noted in the last inspection report, all food is prepared in one large central kitchen, and most of the patients eat in two large dining rooms adjacent to the kitchen. In the case of disturbed patients, food is sent from the kitchen to the various wards in electrically heated food carts with covered metal containers. The food is served to these patients in dining rooms off the wards.

A copy of the hospital dietary is attached.

The inspector was informed that patients, employees, and the staff receive the same food from the main kitchen. Inspector ate several meals in the dining room. The food was well prepared and was varied well.

The kitchen, dining rooms, butcher shop, and refrigerators were all inspected. All were clean, and the equipment was good. The bakery was also inspected and was found to be clean and the equipment in good condition.

The diet lists are made up once a week by Miss A. E. Anderson, chief dietitian.

As noted before, about 80 patients work in the kitchen. The dishes are washed by means of steam dishwashers. One officer of the day eats in the patients' dining room each day, and the second officer of the day goes to the various places where the patients eat in the buildings and inspects the serving of the food. Quite often an orchestra plays for the patients in the patients' dining rooms. The dining rooms are fairly large, but usually two sittings are necessary in each dining room. The tables have white tablecloths, and the backs of the chairs have white covers. The food is brought to the tables and



served from a food container onto the plates. The inspector was present during the serving of several meals, and the food was served in good style and the helpings were plentiful.

No milk is produced at the facility. It is all purchased outside.

The water at the facility tasted very good and was crystal clear.

Besides the two dining rooms for the patients, there is one dining room for attendants and also a separate dining room for medical officers, nurses, and other staff members.

#### *Social service*

Personnel, female, one.

#### *Inspection*

A number of the buildings of the facility were visited during the course of the inspector's interviews with various admissions. The occupational therapy building was inspected throughout, as noted before, as well as the central kitchen and dining rooms.

The two pack rooms in building 11 were inspected. One pack room has 18 pack tables, beds, and 8 continuous-bath tubs. The other pack room has 15 pack tables, beds. One attendant is assigned to each of these rooms. The equipment appears to be in good order. The patients appeared to be supervised properly. The room was darkened. The temperature of the water is regulated by an automatic device and is also checked with a thermometer in the tubs.

Building 20 was inspected and found to be clean and the housekeeping was good. The physiotherapy department is in the basement of this building. The department is in charge of physiotherapist. The equipment appeared to be good.

Bedding and linen was inspected in many of the buildings and found to be adequate in quantity and quality.

The toilet sections were clean.

#### *Fire prevention*

Fire extinguishers are located in the various buildings of the institution and are charged annually. Cards were attached to some of the extinguishers, showing that some of them had been filled in September 1944 and others in October 1944. There are fire hose also located in the various buildings, and the ones inspected appeared to be in very good condition.

A classification of the wards as to the type of patients to be cared for thereon is attached.

The Thanksgiving program is also attached.

The inspector wishes to express his appreciation to Col. Louis F. Verdel, to Lt. Col. H. E. Foster, and also to Maj. Angelo S. Naples for the courtesies shown during his visit.

The inspection was completed at 4 p. m., November 22, 1944.

BASCOM B. YOUNG, M. D.,  
*Acting Medical Inspector.*

APRIL 11, 1945.

STATE OF NEW YORK, DEPARTMENT OF MENTAL HYGIENE,  
*Albany, N. Y.*

(Attention Assistant Commissioner.)

DEAR SIR: We are in receipt of your letter of April 4, 1945, together with the copy of the medical inspector's report of his February visit. We have placed this report in the medical inspector's binder in accordance with your instructions.

Very truly yours,

LOUIS F. VERDEL, *Manager.*

APRIL 4, 1945.

Dr. LOUIS F. VERDEL,  
*Veterans' Administration Facility,  
Northport, Long Island.*

DEAR DOCTOR: I am enclosing a copy of the medical inspector's notes of visitation to your institution on February 15, 16, and 17. Will you kindly have this placed in the medical inspector's binder at your institution and in acknowledging receipt, state that this has been done.

Very truly yours,

ARTHUR W. PENSE, M. D.,  
*Assistant Commissioner.*

ITEMS OF SPECIAL INTEREST, MEDICAL INSPECTION, VETERANS' ADMINISTRATION FACILITY, NORTHPORT, LONG ISLAND, N. Y.—B. B. YOUNG, M. D., ACTING MEDICAL INSPECTOR—FEBRUARY 15, 16, AND 17, 1945

The manager of the facility has recently received a letter from the central office of the Veterans' Administration, Washington, D. C., relative to commitment of voluntary patients who were not considered suitable for continued care by the State medical inspectors. (See body of report for details.)

There were several accidents to patients where soldier attendants were involved. As noted in the body of the report, the manager can only recommend that guilty soldiers be court martialed.

The facility has a large number of highly disturbed World War II veterans. One social worker has been added since the last inspection, making a total of two social workers at present. These workers do no social work out of the hospital, however. The facility has no convalescent-status clinics.

A large number of patients are given occupational therapy and physical training.

The facility is very much overcrowded. This is reflected by the fact that many of the porches have had to be closed in to make room for beds, and beds have had to be put in other places where they really are not supposed to be. Five-foot centers between patients' beds are still being maintained.

Inspector was impressed by the small number of patients in restraint. Very good use is made of the pack rooms in this facility.

NOTES OF MEDICAL INSPECTION OF VETERANS' ADMINISTRATION FACILITY, NORTHPORT, LONG ISLAND, N. Y., FEBRUARY 15, 16, AND 17, 1945—DR. BASCOMB B. YOUNG, ACTING MEDICAL INSPECTOR

Last inspection, November 20, 21, and 22, 1944.

Inspector arrived at 1:15 p. m., February 15, 1945.

Staff on duty: Louis F. Verdel, colonel, Medical Corps (manager), Lt. Col. H. E. Foster, Dr. Edward H. Lazell, Dr. A. Triolo, Dr. Leonard M. Brown, Dr. Lester Drubin, Dr. Richard P. Giliberty, Lt. Col. James H. Huddleson, Maj. William J. Turner, Lt. A. Carra, Dr. Maurice E. Herman, Maj. Angelo S. Naples, Capt. Robert J. Drake, Capt. Daniel Dancik, Capt. Leo H. Kashe, Lt. Col. Virgil B. Williams, Capt. Hirsch L. Gordon, Capt. James H. Hawkes, Maj. James Watson, Lt. Edgar Steinberg, Lt. Frederick Singer.

Staff off duty: None.

Staff vacancies: Three medical officers, one associate medical officer.

*Patients*

	<i>Males</i>		<i>Males</i>
Census, carried on rolls-----	3,130	Patients at Veterans' Administration facility, Bronx, N. Y.--	6
In institution (this includes 1 medical case, 3 allied cases, 3 domiciliary cases, and 1 E. C. C. case)-----	2,823	Patients on convalescent status--	241
Patients at Veterans' Administration facility, Bath, N. Y.----	30	Patients on elopment status----	19
Patients on leave of absence----	11	Patients employed-----	None
		Capacity, authorized-----	2,312
		Capacity, emergency-----	2,806
		Overcrowding-----	18

Col. Louis F. Verdel, manager, stated that he had recently received a letter from the Medical Director of the United States Veterans' Administration, Washington, D. C., relative to the opinion of the central office in Washington regarding commitment of patients admitted on voluntary status. In substance, the colonel explained that the Medical Director of the Veterans' Administration stated that if there was any conflict with the laws of the Veterans' Administration and the rules of the department of mental hygiene regarding commitment of voluntary patients, that the Veterans' Administration rules and regulations, or laws, should be followed by the Northport Facility. In other words, the Medical Director stated in effect that voluntary patients were not to be committed regardless of whether they were considered suitable or not by the State medical inspectors unless the patient gave written notice requesting release or unless the family demanded the patient's release.

Colonel Verdel also asked the inspector why it was that patients admitted on a voluntary status could not be placed on convalescent status for short periods,

say for 2 or 3 weeks at a time. He said he felt voluntary patients were being penalized in a measure; that, after all, it was advantageous to many voluntary cases to see whether or not they could make a satisfactory adjustment before actually and formally discharging a man. The manager made another point, too, that if voluntary patients could be placed on convalescent status for short periods it would obviate the necessity of going through the procedure of admitting them again if they were discharged first and then had to be readmitted.

The inspector was informed that at the present time the Northport facility has 270 colored soldiers working as attendants. The colonel stated he had no direct discipline over these soldier attendants, that if one of them was involved in an altercation with a patient and was found guilty of mistreatment, he could only recommend that the soldier be court-martialed by the Army. The colonel realizes that soldier attendants are not the best type of attendants to attend mental patients but the facility has not been able to recruit enough civilian attendants.

With reference to the matter concerning commitment of voluntary patients who are not considered suitable for further care by the State medical inspectors, the colonel said he would get in touch with the central office of the New York State Department of Mental Hygiene just as soon as he has conferred with the New York attorney of the Veterans' Administration.

Since last inspection:

	Males
New admissions received.....	247
New admissions remaining.....	239
Discharges.....	212
Deaths.....	21

Inspector saw 239 male patients who had been admitted since the last inspection. Each was interviewed and granted the privilege of the statute to make inquiries, comments, or complaints regarding their admission, care, and treatment. All were found suitable for continued care in their present status although several of the voluntary patients claimed that they had not understood the voluntary blank when they were admitted. However, these patients were shown a copy of the blank, and they all admitted having signed it. Inspector found the situation much better in this respect than at the time of the last inspection.

No complaints were received from these patients except the following:

No. 1 patient: Admitted November 29, 1944, judicial certification, age 28, diagnosis: Psychosis, unclassified. This patient was seen on ward 9. He complained that on February 10, 1945, at about 4:30 p. m., while in the hall on ward 9, that two white attendants, Riley and Noble, took his clothes away from him, then took him upstairs after striking him. Inspector found that Attendant Riley was a white attendant but that Attendant Noble was a colored soldier attendant. Patient further claimed that Attendants Riley and Noble held his hands and that a third party struck him in the back as the two attendants first mentioned held his hands. Charge Attendant Walter Riley was interviewed and states that on the day mentioned the patient did become quite upset and resistive, but that none of the people mentioned struck the patient. Inspector was unable to prove that the patient had been mistreated.

No. 2 patient: Admitted January 8, 1945, voluntary status, later judicial certification. Diagnosis: Dementia praecox, paranoid type. The patient is a sailor who, during the interview, was quite loud, boisterous, and threatening in manner. He immediately took off his trousers to show the inspector that someone, or somebody, was trying to prove that he was "queer," showing the stains on the inside of his sailor pants, saying that someone was monkeying with his sexual organs. He was very paranoid, stating he believed he was framed by his wife because she is a "blow job" and wanted to make him one. Patient states there is nothing wrong with his mind and that he should be released from the hospital. It was seen that he was obviously psychotic and should be retained.

A list of the patients seen is attached to this report.

#### ACCIDENTS AND INJURIES

Forty-three males were reported to the Department on Form 159, in accordance with General Order No. 12 as having sustained injuries since the last inspection. All such patients remaining at the hospital were seen, 37 patients seen by the



inspector, and the circumstances reviewed by the inspector. The essential facts are as follows:

	Males		Males
Accidental.....	9	Improved.....	7
Impulsive act.....	11	Convalescent status.....	1
Altercation with patient.....	9	Discharged.....	3
Altercation with employee.....	4	Died.....	None
Unknown, or remaining cases.....	10	Transferred.....	2
Recovered.....	36		

In the following cases the reports were verified as set forth on form 159:

#### *Accidental*

No. 1 patient: Between September 7 and November 14, 1944, narrowing of the bodies of the third and fifth dorsal vertebrae.

No. 2 patient: November 8, 1944, dislocation right fifth finger; small laceration under right eye and abrasion of tongue.

No. 3 patient: November 22, 1944, fracture distal and left radius.

No. 4 patient: December 3, 1944, laceration right eyebrow.

No. 5 patient: December 15, 1944, incomplete fracture proximal phalanx fifth left finger.

No. 6 patient: December 23, 1944, contusion with one-fourth inch laceration on palmar surface distal phalanx fifth finger right hand; fracture tip of distal phalanx fifth finger right hand.

No. 7 patient: January 10, 1945, Colles' fracture left wrist.

No. 8 patient: January 21, 1945, superficial laceration dorsum of nose; second-degree burns upper right arm and posterior right shoulder.

No. 9 patient: February 1, 1945, oblique fracture of shaft of fourth right metacarpal bone; recent or old healed fracture of base of fifth right metacarpal bone.

#### *Impulsive act*

No. 1 patient: November 19, 1944, three lacerations right hand and thumb.

No. 2 patient: November 29, 1944, laceration one-half inch long back of right hand.

No. 3 patient: December 4, 1944, 1¾-inch laceration right lower forearm.

No. 4 patient: December 5, 1944, multiple small lacerations right and left hands; multiple superficial abrasions anterior surface of neck.

No. 5 patient: December 5, 1944, multiple small lacerations on dorsum and fingers of right hand.

No. 6 patient: December 14, 1944, laceration 3 inches long on lateral aspect right index finger; 1-inch laceration of right wrist.

No. 7 patient: December 20, 1944, lacerated wound of forehead.

No. 8 patient: December 23, 1944, contused wound bridge of nose.

No. 8 patient: January 1, 1945, laceration of left heel.

No. 9 patient: January 10, 1945, superficial lacerations of nose and cheek; no fractures.

No. 10 patient: January 23, 1945, fracture left zygomatic bone.

#### *Altercation with patient*

No. 1 patient: November 8, 1944, ¾-inch laceration of scalp back of left ear.  
No. 2 patient: November 10, 1944, swelling and laceration of upper lip; swelling around right eye; small bruises about legs.

No. 3 patient: November 21, 1944, ¾-inch laceration bridge of nose.

No. 4 patient: November 23, 1944, 3½-inch discolorations on right thigh; one 2-inch discoloration at base of neck right side; one 1-inch discoloration right shoulder; one large discoloration posterior left chest; scattered bruises and scratches over body.

No. 5 patient: November 23, 1944, scratches on face.

No. 6 patient: December 16, 1944, lacerated wound of scalp.

No. 7 patient: December 27, 1944, laceration right eyebrow.

No. 8 patient: January 20, 1945, fracture of nasal bone.

No. 9 patient: January 28, 1945, fracture of first left metacarpal.

*Altercation with employees*

No. 1 patient: December 19, 1944, superficial laceration of lower lip; superficial abrasion of left upper eyelid.

No. 2 patient: December 27, 1944, ecchymosis about the right upper and lower eyelids.

No. 3 patient: January 25, 1945, ecchymosis into the skin over the left malar prominence and below left eye; abrasions of forehead and left side of face.

No. 4 patient: January 30, 1945, laceration of lower lip at right corner of mouth.

The unknown, or remaining cases, are noted as follows:

No. 1 patient: This patient had been very agitated, self-destructive, mute, resistive, and required tube-feeding and mechanical restraint. After receiving two electro-shock treatments he became somewhat more cooperative. On November 26, 1944, it was reported to Capt. H. L. Gordon that this patient apparently had been injured. When X-ray was taken, old nearly healed fractures of the seventh, ninth, eleventh, and twelfth ribs on the right side were found. When interviewed, the patient would give no information regarding the injury. There had been no witnesses and inspector was unable to determine the cause. At this time the patient's injury appears to be recovered.

No. 2 patient: On November 14, 1944, at termination of patient's sixteenth electro-shock treatment, patient complained of pain in the left shoulder and in the back of the neck. X-ray examination showed compressed fracture of the fourth dorsal vertebrae. Shoulder was negative. It appeared that this patient had received the injury during electro-shock treatment. The patient had been passed by the electro-shock board after all examinations had been made prior to treatment. Patient could not be seen as he was transferred to West Hill Sanitarium on January 24, 1945. At that time he was said to be recovered from his injury.

No. 3 patient: On November 13, 1944, patient was wandering around with other patients in the day room and was noted by an attendant to have a laceration on his upper right lip. Patient had not been seen fighting with anyone. In fact, he had been out of the pack just a short time and was over-active. A one-fourth inch long laceration was found on the right upper lip. This required one suture. When seen the injury was healed. Cause could not be exactly ascertained.

No. 4 patient: On November 27, 1944, a reddened area was discovered upon the left lower chest wall of this patient. The patient was unable to furnish any information regarding injury. X-ray was ordered and showed a fractured eleventh rib, left side. There were no witnesses to any injury. Patient had been frequently agitated and confused and had been observed by Lt. Col. Virgil B. Williams to frequently bang himself into the furniture and into the walls. He had also been given neutral wet pack treatments. When seen, the injury was recovered and patient could give no further information regarding it.

No. 5 patient: On December 12, 1944, patient was seen to fall in the dining room of building 7. Patient was put in bed and X-ray examination showed a fracture of the neck of the right femur at the intertrochanteric line. When seen patient's right leg and hip were in a cast. The condition was improved. The patient himself, however, could give no details of the accident and was mute throughout the questioning.

No. 6 patient: On December 5, 1944, while in the pack room in building 11, patient complained to the physiotherapist that his hand hurt him. Examination showed swelling and deformity of the second right metacarpal area. X-ray examination showed fracture of head of second right metacarpal bone and fracture of middle phalanx of left fifth finger. Patient could not be seen by the inspector as he had been transferred to the veterans' hospital at Togus, Maine. Inspector was informed that patient's finger was improved when transfer was made.

No. 7 patient: On December 30, 1944, this patient complained of pain in his right chest. X-ray examination revealed fractures of the ninth and tenth right ribs, the eleventh left rib and avulsion of the tip of the spinous process of the sixth cervical vertebra. There were no signs of injury or ecchymosis on chest, back, or neck. Patient had been receiving shock treatment which was discontinued. The X-ray man thought the fractures were from 6 to 8 weeks old when the X-ray was taken. It was said that the patient had been very over-active and in restraint continuously for months. He had cracked windowpanes with his head. He would not answer the inspector's questions and the exact

manner of the injury could not be ascertained. When seen, patient's injuries were recovered.

No. 8 patient: On January 12, 1945, on ward 62 this patient was disturbed and assaultive. He was taken to building 11 where Lt. Col. B. Williams found a reddened area of lower anterior chest, a scratch on the patient's nose, bruises of both lower legs, and scratches about the patient's head. X-ray examination showed fractures of eighth, ninth, and tenth left and right ribs. The patient continued to be disturbed, assaultive, and required restraint. During the tussel, before the patient was brought to building 11, soldier attendant, Fred Vaughn, had a tussel with the patient. A board was ordered by Col. Louis F. Verdel to investigate this accident and soldier attendants Wesley and Vaughn were found guilty of mistreating the patient. It was said that soldier attendant Vaughn probably struck the patient also. As noted before in this report, in such an instance Colonel Verdel, the manager, can only recommend that a soldier be court-martialed for mistreating the patient. The colonel has no direct disciplinary authority over the soldier attendants. When patient was seen, all injuries were recovered.

No. 9 patient: On November 14, 1945, the nurse on ward 11 found out that his patient had broken through the door of the day room and jumped off the porch of ward 11B south to the ground. The right ankle was swollen and deformed. X-ray showed a fracture of the right os calcis. This was attended to properly. Patient could not be seen because he had been transferred previously to the Veterans' Administration facility, Kingsbridge Road, Bronx. Inspector was informed that the fracture was improved at the time of the transfer.

No. 10 patient. On January 27, 1945, when the patients were being assembled to the main dining room for breakfast, soldier attendant, Private Bryson, reported that the patient had a swollen left cheek. Patient was questioned and stated he had a toothache. He was sent to the dental office and X-ray examination showed a fracture at the angle of the mandible, left side. When interviewed, patient said he had had no injury. The exact cause of the injury could not be discovered. The injury was recovered when patient was seen by the inspector. Board investigation was appointed by the manager, Col. Louis F. Verdel, and inspector perused the board's report. The report stated "unable to come to any conclusion as to how and when this injury occurred."

#### SUICIDES OR SUICIDAL ATTEMPTS

One male patient attempted suicide since the last inspection. A résumé of the case follows:

He was admitted August 9, 1944, age 27, dementia praecox, catatonic type. Date of attempted suicide November 29, 1944. About 8:15 a. m., on the date mentioned, while in the hallway sweeping, patient dropped the push broom, ran over to the window, thrust his hand through one of the panes and immediately picked up a piece of glass and started cutting his throat with the glass. Attendant Parsons, who was in the hallway supervising other patients, came right to the scene, preventing further injuries. When asked if he had tried to kill himself at the time, patient said, "Yes." The resulting injuries were superficial wounds of the forehead, chest, abdomen, neck, and hands. When seen on February 17, 1945, by the inspector, all of patient's wounds were recovered.

#### SUDDEN DEATHS

None.

#### ESCAPES

Eight male patients were reported to the Department on Form 159 as having escaped since the last inspection. The essential facts regarding these patients are as follows:

	Male		Male
Returned from escape-----	3	Died-----	None
On convalescent status-----	2	Located, not returned-----	None
Discharged-----	1	Not located-----	2

The patients who had been returned to the institution were interviewed and the facts as reported on Form 159 were verified in the following cases:

No. 1 patient escaped November 10, 1944; returned.



No. 2 patient escaped December 10, 1944; returned January 1, 1945.

No. 3 patient escaped December 18, 1944; returned.

The following is a list of the patients who could not be seen by the inspector:

No. 1 patient escaped November 22, 1944; discharged November 30, 1944.

No. 2 patient escaped November 25, 1944; not located.

No. 3 patient escaped December 1, 1944; not located.

No. 4 patient escaped December 2, 1944; convalescent status January 1, 1945.

No. 5 patient escaped December 10, 1944; convalescent status February 14, 1945.

Numerous supplemental letters were received concerning patients who had previously eloped, but the dates of elopement were not given regarding each patient. Inspector was unable to unravel the details of these letters.

#### SPECIAL INVESTIGATIONS AND INTERVIEWS

No. 1 patient: Admitted June 7, 1943; judicial commitment; age 29. Diagnosis: Dementia praecox, paranoid type. Attorney at law by occupation. This patient asked to see the inspector. The patient claimed that he was sane and that he was supposed to have a hearing on a writ of habeas corpus at the Nassau County Courthouse on February 20, 1945. He is an ex-soldier of World War II.

He stated he believed he was sent to the Veterans' Administration facility at Northport from the Tilton General Army Hospital at Fort Dix, N. J., for reasons other than his need for mental treatment. He stated he assumed the Army did not like his personality. He referred to an Army sergeant making an insulting remark to him, says he can't remember the remark now. He stated that maybe the Army didn't like the way he looked and had him sent to Northport. Although the patient was well oriented, was agreeable and pleasant during the interview, he impressed the inspector as distinctly paranoid and in the inspector's opinion he should be retained in his present status.

No. 2 patient: This patient was seen in response to a letter that he wrote to the department of mental hygiene on November 8, 1944. The present inspector had seen this patient at the time of the last inspection of Northport Facility on November 20, 1944. Patient was admitted to the Veterans' Administration facility at Northport on October 12, 1939, by voluntary application. He was judicially committed October 24, 1939. Present age is 42. Patient has no guardian or committee appointed. Diagnosis: Dementia praecox, paranoid type.

Patient has the same complaints about his mail not being sent out from the facility. He stated in his letter "I am in a desperate situation here, being incarcerated, being persecuted, being held here incommunicado," and so forth, and so forth. Patient stated he was not given a fair hearing in court when he had his writ hearing. He also stated that he was still getting electric contacts which affected his body and his well-being. It was easily seen that his patient was distinctly and obviously psychotic. His complaints regarding his mail are not held valid by the inspector and he should be retained in the hospital.

No. 3 patient: This patient asked to see the inspector. Also on December 24, 1944, he had written a letter to Gov. Thomas E. Dewey, complaining in effect that he was held illegally at the Veterans' Administration Facility, Northport, and making complaints about the inspector, the staff of the facility, and others interfering with his mail. He even accused the present inspector of stealing his mail.

This patient was admitted to the Veterans' Administration Facility, Northport, on December 20, 1943, by judicial commitment. Diagnosis: Paranoid condition. Age, 43. Patient has no guardian or committee appointed. Government registration No. 6786.

When seen on February 17, 1945, patient had a large stack of papers to which he constantly referred. He stated he knew he was illegally held at the facility. He stated he had been told that his record, if taken to court, would, of itself, prove that he has no business in the facility. He stated the only reason his letter of December 24, 1944, got through to Governor Dewey was the fact that he sneaked the letter out. He stated the letter he sent to the commissioner on December 14, 1944, was not, insofar as he knows, ever received by the commissioner because he never got an answer to it.

Patient states he got an original legal paper allowing him to have a hearing on a writ of habeas corpus from Judge Cortland A. Johnson on February 5, 1945; further, that the envelope was addressed to him, the patient, and not to Colonel Verdel, the manager. This writ was returnable on February 14, 1945, before Justice of the Supreme Court Stoddard at Riverhead, Long Island. Patient

claimed he mentioned having received this writ to Captain Dancik. He stated he had not sent the writ over to the office of the manager, Colonel Verdel, because he could not get any stationery, with which to write to Captain Dancik and asked the captain to tell Colonel Verdel about it however. Finally, patient states he wrote out a copy of the writ on brown paper and also made out a sub-pena duces tecum and sent this, together with a copy of the writ, to Colonel Verdel on or about February 10, 1945. He still retained the original writ however. As of February 14, 1945, patient said that inasmuch as no move had been made to take him to court, he sent the original writ over to Colonel Verdel with a written notice. As a matter of fact, on the morning of February 15, 1945, the manager, Colonel Verdel, showed the inspector the original writ with the patient's letter accompanying it. The manager remarked he did not understand why the judge sent the original writ directly to the patient. Anyway, Colonel Verdel got in touch with the judge and the writ was further set for hearing on Tuesday, February 20, 1945.

As a result of all this, the patient stated he was sure that Colonel Verdel had known all along about the original writ because Captain Dancik must have talked it over with him. The inspector's opinion is that this patient was trying to embarrass the hospital and Colonel Verdel by withholding the writ.

After the inspector talked with the patient, he went to the colonel's office and was shown the copy of the writ which the patient made on brown paper and sent to the manager. However, this copy was not noticed particularly by either Colonel Verdel or the writer when the writer talked to Colonel Verdel on February 15, 1945, when the manager mentioned that he had received the original writ from the patient. The patient, in other words, stated he was going to show, in court, that Colonel Verdel purposely did not take him to court on the 15th. He said he also believed the manager had opened the patient's letter to Judge Johnson requesting the writ. Patient further stated his mail to outside people was not sent in some instances and that in other instances "covering letters" were written by Colonel Verdel. This is true as Colonel Verdel remarked that it was the practice of the Veterans' Administrative facility, Northport, to write letters of transmittal when patients wrote to judges and other prominent officials.

This patient already had one hearing on a writ of habeas corpus on March 29, 1944, before Supreme Court Justice Cuff. The patient reported to the inspector that Justice Cuff reserved decision during the hearing, but later in the day remanded the patient back to the facility. Patient complained that not a single letter of his written to lawyers, or counsel, had been sent out.

He complained that the inmates—that is, the patients—are being beaten by civilian attendants. He said that on September 17, 1944, at about 8 a. m., he saw a night attendant—refuses to name the attendant—kick a patient in the stomach about a half dozen times. He also said that soldier attended Pvt. Guy Smith saw the night attendant kick the patient also. He added that he tried to report this case and two others of mistreatment of patients to Colonel Verdel, the manager, but that Captain Hawkes refused to put him in touch with Colonel Verdel. Patient also accused Captain Hawkes of stealing part of patient's Army kit and removing it from the facility. Patient further claimed that Attendant Laszewski on ward 6, on or about December 5, 1944, beat a patient while three other soldier attendants held the patient helpless. Patient refuses to name the three soldier attendants. He further stated that Attendant Laszewski threatened twice to beat him, the patient, up. Throughout the hour interview with this patient, he was seen to be distinctly paranoid, although well oriented. He has no insight at all into his mental condition, stating he had never had anything wrong with him mentally.

Patient further complained that Captain Hawkes neglected treatment of an infected foot of a patient on ward 7 on or about April 1, 1944. In addition, the patient complained that another patient was very sick on or about September 1944, only to be ignored by Captain Hawkes. He says he knew this patient was running a high fever because he checked his temperature with his hand. It is the inspector's opinion that this patient is obviously and definitely psychotic and that he is, furthermore, potentially dangerous and therefore should be kept in the hospital.

No. 4 patient: This patient asked to see the inspector as inspector was going through building 11. He was loud, noisy, and protested that his mail was not sent out. Patient was admitted September 11, 1942, by transfer from the Rockland State Hospital. Mental diagnosis: Manic depressive, manic type. He has a guardian, his wife. Lt. Col. Virgil B. Williams, chief of the acute service,



ward 11, was along when the inspector saw the patient. Colonel Williams explained to the inspector that patient's mail was sent out unless it was obscene, illegible, or otherwise objectionable, in which case it was sent to the patient's guardian or committee; that, at any rate, the rules of the Veterans' Administration with respect to patients' mail were being closely followed. The patient handed the inspector a letter to Reporter Deutsch, who writes for the newspaper PM and asked him to send it to Deutsch. Inspector turned this letter over to Colonel Williams and asked him to take proper steps about it. The reporter referred to fairly recently had written a series of articles about the Veterans' Administration facility, Northport, in the newspaper PM and patient said he wanted to berate Deutsch for certain statements he had made concerning the facility.

#### EMPLOYEES

In institution: Male, 294; female, 186; total, 480.

On ward duty: Male, 134; female, 19; total, 153.

Vacancies, ward service: Male, 96; female, 57; total, 153.

Vacancies, elsewhere: Male, 62; female, 76; total, 138.

Graduate nurses, wards: Male, 1; female, 41; total, 42.

Graduate nurses, elsewhere: None.

As noted before, at the present time the facility has 270 colored soldier attendants. These men are under the direct authority of three United States Army officers. The manager, Colonel Verdel, has no direct disciplinary authority over them. The colonel admitted that these soldier attendants were causing difficulty, principally because they did not understand how to handle mental patients and also because they did not get along well with many of the patients. The colonel is trying to have all soldier attendants who have been court-martialed and punished relieved of further duty at the facility.

#### TRAINING SCHOOL FOR NURSES

The facility has no school for nurses.

#### OCCUPATIONAL THERAPY

Personnel: Male, 7; female, 5; total, 12 (two soldiers also work in the occupational therapy department as instructors).

Patients in occupational therapy: Male 1,676 (352 actually in occupational therapy work and 1,323 in other occupational therapy projects).

Patients in physical training: Calisthenics, male, 1,621; swimming, male, 1,959; medicine ball, male, 762; water polo, male, 1,189.

The occupational therapy building was described completely in the last report. Inspector's opinion is that it continues to function well and is reaching a goodly number of patients.

#### RESTRAINT AND SECLUSION

Patients in restraint: Male, 19. There were 11 patients in camisole and 8 patients in sheet restraint on the day of inspection. The facility has two large pack rooms in building 11 which are used constantly. The inspector was informed that the facility avoids mechanical restraint as much as possible.

#### GENERAL HEALTH

Acute medical cases: Male, 38.

Acute surgical cases: Male, 29.

Cases of pulmonary tuberculosis: Male, 53.

Cases of contagious disease: None.

Total bed cases: Male, 40.

The cases of pulmonary tuberculosis are isolated and treated in building 8.

#### *Shock therapy*

Insulin shock: None.

Electroshock: Male, 33.

The electroshock treatment is being done by Captain Kashe and Captain Gordon. Treatment is now being done in building 61.



## FOOD SERVICE

All food is prepared in one large central kitchen. Most of the patients eat in two large dining rooms adjacent to the kitchen. The menus are made up by Mrs. A. E. Griffith, chief dietitian, and she has three staff dietitians under her supervision. One staff dietitian has been added since the last inspection and there is now one vacancy for another staff dietitian. Besides the dining rooms in the same building as the large central kitchen, there are also dining rooms in patients' buildings 2, 6, 7, 8, 9, and 11. The admission wards also have their own dining rooms. Food is sent to these dining rooms in electrically heated food carts. The food is put into covered metal containers before being placed into the food carts. All of the dining rooms seen were very clean. The food appeared to be good in quality and sufficient in amount. As noted before, all staff members, employees, and patients get the same food at this institution.

The central kitchen was inspected and found to be clean. Menu for the midday meal on February 16, 1945, was as follows: Fried fish, mashed potatoes, stewed corn, string beans, bread and butter, coffee and milk, and toasted almond ice cream. Usually the patients' band of 10 pieces plays at the midday meal. The central kitchen seems to the inspector to be rather small and rather far removed from some of the dining rooms in the patients' buildings to which food has to be taken a long way by food carts; also the fact that two sittings in each main patients' dining room are necessary for each meal. The milk used at the facility is purchased from Borden's. The food is served in the central dining rooms from heated food carts, which are pushed right down the aisles between the tables.

The tables were seen to have tablecloths and the backs of the chairs had white covers. The dish-washing equipment was inspected and found to be functioning well. Dishes and silverware were seen to be clean.

In the infirmary in building 2 food is taken to the ward in electrically heated food carts and served by tray at the bedside.

The menu for the week of February 12, 1945, is attached.

## SOCIAL SERVICE

Personnel, female, two.

One social worker has been added since the last inspection. There are two vacancies for social workers. Most of the work done by this department is done at the hospital. It consists of interviewing patients preparatory to their release. Preconvalescent status investigations are done by workers from the regional office at 26 West Twenty-fifth Street, New York City. No convalescent-status clinics are held.

## INSPECTION

A number of the patients' buildings were visited during the course of the inspector's visit, including building 2 housing the infirmary wards and admission wards; the building housing the central kitchen and dining rooms; the recreational building; the research unit; the electro-shock-treatment unit; laundry; clinical laboratory; X-ray department; dental department; pharmacy; patients' and staff library; diagnostic clinics.

The kitchen and central dining rooms have been described.

The housekeeping in building 2 housing the infirmary ward and the admission wards was good. Toilets were clean. Bedding was adequate. There is some overcrowding but patients appear to be receiving good care.

The clinical laboratory is located in building 2 also. On the day of inspection one technician was on sick leave and a temporary technician from the Veterans' Administration facility, Bronx, was replacing her. There are two other clinical laboratory technicians. Also in building 2 is a small laboratory where tissues are cut and stained for the research unit.

The so-called research unit is located in the basement of building 6. This unit was established in August 1941 and is supposed to conduct research for all the Veterans' Administration neuropsychiatric hospitals. Lt. Col. James H. Huddleston is director, and Maj. William J. Turner is in charge of the electroencephalographic work and helps with the teaching. There is one tissue technician who, as noted, works in the small laboratory in building 2. At present there is no fully trained biochemist. There is one soldier chemist who is helping out at this time. There are two vacancies for biochemists. The unit has, at present, one statistician, one secretary, and one stenographer. A course in electroencephalography for three physician trainees has just been finished.

Colonel Huddleston explained that once a month the unit conducted a staff meeting and that once a week he and Major Turner attended the general staff meetings and gave short talks ranging from 15 to 45 minutes. The research unit assists with the electro-shock treatment by way of advising and also by way of doing pretreatment electro-encephalographs on candidates for the electro-shock treatment. It was said that about 2 percent of the candidates had been thrown out before treatment because of abnormal electro-encephalographic tracings.

The X-ray department is also in building 2. One physician reads the plates and has charge of the department as well as supervising the work of the clinical laboratory. Routine chest films are not done on admission. The physician in charge of the X-ray department explained that the facility usually obtained the Army chest films done on the soldiers when they were taken into the Army but chest films are done when indicated by physical examination or by suspicious history. One X-ray technician was working at the time of the inspection. The X-ray equipment is G. E., is soundproof, consists of an X-ray machine for regular 14 by 17 films, a fluoroscope with tilting table as well as an apparatus for taking 35 mm. chest films. The X-ray room is protected by lead walls and doors. Dark room is quite satisfactory.

Electrocardiograms are done in the X-ray department by Maj. Angelo S. Naples. The electrocardiogram is an old Victor battery type and inspector was informed it does not work too satisfactorily.

The dental department is also in building 2. There are four units together with dental X-ray. There is one chief dentist, one assistant dentist, one dentist, one dental hygienist and one assistant dental hygienist. Adjacent to the dental treatment room there is a small mechanical dental laboratory where part of the work is done on dentures after which the dentures are sent for completion to the Veterans' Administration facility, Bronx, New York City.

Pharmacy is also in building 2 and appeared to be well equipped.

Patients' library is located in building 2 and there are three librarians. Books are taken to the various wards also. The medical library is adjacent to the patients' library and contains about 850 textbooks. Approximately 50 medical journals are subscribed to by the facility.

Major Naples now has charge of the eye, ear, nose, and throat clinic room in building 2. All acute eye cases and eye injuries are brought to this room for initial examination and treatment. Refraction for glasses is done and glasses are fitted also. The facility formerly had one physician assigned to this, but he has since left the facility and so the services of a full-time physician in the eye, ear, nose, and throat clinic are not possible at the present time. The eye, ear, nose, and throat room could use some special pliers and screwdrivers for repairing eyeglass frames.

Inspector also visited the autopsy room and morgue which is in the basement of building 2. Equipment seemed to be adequate with the exception that there were only three refrigerators for cadavers. Dr. Triolo, who has charge of the autopsies, informed the inspector that he believed the facility planned to put in more refrigerators for bodies.

The recreational hall was inspected February 16. This contains an auditorium for the showing of movies; also pool tables and bowling alleys.

The laundry was inspected. The building seems to be very small considering the size of the hospital at the present time. All the machinery is located on one floor. At present there are about 30 employees and 65 patients working in the laundry. The laundry manager stated that about 450,000 pieces of laundry a week are done. The quality of the work seemed excellent to the inspector. The laundry manager explained it was necessary to work several nights a week in order to keep up with the work. Machinery seemed to be in condition. The manager informed the inspector that the very latest methods were used. It is completely equipped with CO<sub>2</sub> foam-type fire extinguishers.

Electro-shock treatment unit is housed in a room in building 61. This room is on the second floor. Treatment is done on regular wooden shock-treatment table which is flat. Sandbags are used on the back. Inspector was informed by Major Naples, who accompanied him, that some of the patients are being given fumarate, a new compound which is supposed to have something to do with the metabolism of the sugar in the brain. The results, as yet, are inconclusive, apparently. The shock treatment is carried on by Captains Gordon and Kashe.

Inspector also saw a small luncheonette and canteen, as it is called, which is located in the basement of building 65. This is frequented mostly by patients. There is a soda fountain and sandwiches are served. Tobacco is sold also. There

are no recreational facilities for the employees and there is no lounge or recreation room for the employees at this facility.

#### FIRE PREVENTION

Throughout the tour of the various buildings, inspector noticed there were standpipes and hose on each floor. Fire extinguishers are located at strategic places. These are filled once a year. They were marked as having been last refilled in the summer and fall of 1944.

#### REPORT OF NEW IMPROVEMENTS

More office space is being provided for the clinical director. Supply office has been moved from the administration building to building 18. Two porches in building 63 have been enclosed, giving space for 48 more beds.

#### REMARKS

The barbering for the patients is done by three regular civil-service barbers, assisted by five of the assigned personnel. Attendants on the wards help also. Barbering is done on the wards with the exception of some stationary chairs which are set aside in separate rooms. Shaving is done three times a week. Hair cuts are done as often as possible.

Diagnostic stay meetings are held on Monday, Wednesday, and Friday in the morning. Once a month on Saturday afternoon scientific staff meetings are held.

The facility has gotten up a weekly calendar of recreational and other facilities, a copy of which is enclosed.

Inspection was completed at 4 p. m., on February 17, 1945.

Inspector wishes to express his appreciation to Col. Louis F. Verdel, manager; Col. H. E. Foster, clinical director, and to Maj. A. S. Naples for the courtesy shown during the visit. Major Naples was especially helpful and also accompanied the inspector during the tour of inspection. Inspector wishes to state he received good cooperation from the officials of the facility.

Respectfully submitted.

B. B. YOUNG, M. D.,  
*Acting Medical Director.*

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VETERANS' ADMINISTRATION  
*Washington 25, D. C., June 12, 1945.*

HON. B. W. KEARNEY,  
*House of Representatives,*  
*Washington, D. C.*

MY DEAR MR. KEARNEY: This letter is in reply to your telegram of June 9, 1945, referring to testimony before the World War Veterans' Committee concerning instances of abuse of patients at the veterans' facility, Northport, Long Island, in which you request the immediate suspension of the manager pending charges to be brought against him.

While I naturally feel as you do with respect to any improper treatment of veterans, I feel that I would not be justified in taking the drastic action you suggest until I have had time to study carefully the voluminous report made by our investigators and to give the manager an opportunity to do the same. I am having him come to Washington for such purpose.

Without minimizing the seriousness of any incident of this nature, I feel, particularly because of some misinformation that has been stated in the press, that I should afford you the following information. The question of occasional mistreatment of insane patients is an old and difficult one in all types of institutions. However, in the past the instances have been minimal in view of the large number of patients hospitalized in Administration facilities. Due however to shortages of personnel and to inexperienced personnel the problem became much more difficult within the past year. Regulations in existence for years have provided "Any maltreatment of beneficiaries by employees will not be tolerated. When it is evident that an employee has subjected a beneficiary to rough handling, appropriate action under R. & P. 6734 will be promptly taken; and reporting of the case to the United States attorney for the district, for prosecution of the offender, will be an appropriate step in any case of aggravated assault. Notices



will be posted in proper places, including attendants' quarters, at field stations, warning that abuse of beneficiaries will be followed by legal prosecution." The regulation referred to provides for investigation and report on all such occurrences.

You will appreciate the difficulty inherent in securing reliable testimony in view of the nature of the patients involved. This is said not in exculpation of any manager, clinical director, or surgeon, or nurses but merely to state a factual situation.

Late last year intimations were received that, particularly at hospitals having soldiers as attendants, there was an increase in these offenses which were not detected in the usual manner. This was demonstrated to be a fact by investigations conducted by the Veterans' Administration. Early in January of this year I caused to be placed in certain facilities of this nature, including the one at Northport, attendants employed by the Veterans' Administration as undercover reporters. These investigators very quickly uncovered a number of abuses at Northport which, when verified by a central-office investigator sent to make a complete survey of the institution, were made the subject of charges against some 15 soldiers and 7 Administration attendants. You will appreciate that these under-cover men were able to secure specific evidence not ordinarily otherwise procurable. In fact, the experience of the Veterans' Administration is that it is very difficult in these cases to secure evidence satisfactory to supporting indictment or to bring about conviction. Quite generally the only effective action is of a disciplinary nature, including dismissal from the service with prejudice. This is invariably done before the case is reported to the Department of Justice for consideration of criminal action. This plan of using undercover men is unquestionably having a good effect not only as indicated above, but in deterring similar offenses.

I am informed that the investigation report exhibits a number of factors contributing to the situation disclosed which were not within the control of the manager. It should also be recalled that he had only recently been assigned to that institution, he having managed for several years the veterans' facility, Roanoke, Va., as to which facility I believe the committee of which you are a member has received no complaints whatsoever but only commendation. I am sure you will agree that all of these matters should be taken into consideration in order to insure that unjustified injury be not done a faithful and efficient employee. I feel we should aim at prevention rather than retribution particularly against those not directly responsible.

May I assure you that your interest in this matter is fully appreciated and I will be glad to supply any additional information which you may desire.

Very truly yours,

FRANK T. HINES,  
*Administrator*

Name	Serial No.	Rank	Physical defect
Anderson, Joseph E. <sup>1</sup>	34410329	Private first class	Broken leg.
Annitto, John A.	32786695	do	Artificial left eye.
Azzi, Michael L.	12108144	Private	Spastic flat feet.
Bailey, Charles S.	32753438	Private first class	Osteoma, left knee.
Bakkolid, Martin A.	37547863	do	Artificial left eye.
Ball, Harry H. <sup>1</sup>	37630669	do	Hernia.
Barone, Thomas J.	12008220	do	Back injury.
Barrer, James E.	36802607	do	Artificial right eye.
Bento, John <sup>1</sup>	32865591	Sergeant	Do.
Bernstein, Gerald L.	32986138	Private	Rheumatic fever.
Blackaby, Wilbur H.	35812902	Private first class	Psychoneurosis.
Boling, Herbert	34986112	Corporal	Hernia.
Braden, Paul J.	35475583	Private first class	Do.
Breen, John J., Jr.	11112089	do	Pilonidal cyst.
Buchanan, John	35438778	Private	Psychoneurosis.
Burgie, William C.	31197539	Private first class	Artificial left eye.
Burkott, John T.	31128668	do	Hernia.
Buschmann, Edward L.	34971117	do	Artificial left eye.
Byrd, Clifford C.	34988782	do	Hernia.
Castellino, Bernard C.	33615256	Private	Do.
Christiansen, Richard J.	37542770	do	Blind, right eye.
Cohan, Henry I.	42032908	Private first class	Chronic asthma.
Collins, Thomas J.	32549552	do	Hernia.

<sup>1</sup> Colored.

Name	Serial No.	Rank	Physical defect
Commander, James A.	34510037	Private first class	Blind, right eye.
Corbin, Ashley H.	34312472	Sergeant	Artificial left eye.
Crowson, Barry V.	34981851	Private first class	Hernia.
Curran, Charles J.	42112222	do	Artificial right eye.
D'Angeli, Gaetano J.	31234577	do	Hemorrhoids.
D'Angelo, Joseph	42064186	Private	Psychoneurosis.
Deppa, Chester	32351017	Private first class	Hernia.
Dewland, George	32307693	do	Psychoneurosis.
Droese, Robert J.	36570915	Technician fifth grade	Artificial right eye.
Duckett, Thomas D.	33099863	Private	Psychoneurosis.
Eaves, Marshall Jr.	34445015	Private first class	Blindness, right eye.
Ferdinand, Richard J.	42043865	do	Artificial eye.
Flynn, Russell	32910153	Sergeant	Wound, left chest.
Fondren, Joseph	34983049	Corporal	Hernia.
Foster, Kenneth	34980618	Private	Blind, right eye.
Frascella, Thomas K.	32751230	do	Psychoneurosis.
Gammans, George G.	39161945	Private first class	Hernia.
Gelb, Arthur	42032460	do	Artificial eye.
Glynn, Francis	31210751	do	Hernia.
Goldfarb, George	32105502	Private	Partial paralysis, right leg.
Goldstein, Harry S.	10600210	Private first class	Psychoneurosis.
Goodle, Clarence G.	32039485	Technician fifth grade	Do.
Gouse, John C.	42028929	Private first class	Artificial eye.
Graf, Raymond D.	36379055	Technician fifth grade	Do.
Graham, Luther I.	34168630	Private	Rheumatism.
Hall, Reuben E.	34947377	do	Hernia.
Hall, Walter L.	36727150	Private first class	Blind, right eye.
Harper, Theron O.	36434620	do	Artificial right eye.
Hathcock, Haskell J.	34589549	do	Undescended testicle.
Henry, Louis J.	32258334	Technician fifth grade	Blind, right eye.
Hepfner, Robert	12088964	Private	Wound, right leg; neurosis.
Heroff, Robert T.	37267032	Private first class	Artificial left eye.
Hester, Neal A.	34066241	Private	Psychoneurosis.
Hestor, Ralph L.	34476665	Corporal	Blind, left eye.
Hillarie, Alphonso E.	32713832	do	Deformity, right knee.
Holt, Melvin I.	34874-88	Private	Hip trouble.
Jackson, Karl K.	39243236	Technician fifth grade	Fracture, both ankles.
Jones, James A. Jr.	32072966	Private first class	Psychoneurosis.
Kelly, James J.	20110350	Private	Do.
Konopka, Joseph J.	32303468	Private first class	Do.
Krivich, Anthony	42133026	Private	Hernia.
Lambert, Oscar	34439314	do	Artificial right eye.
Lanham, Leo T.	33792685	Private first class	Allergic bronchitis.
Lashuk, William	32888009	do	Anophthalmos, right.
Lawrence, Choba, Jr.	34701997	do	Psychoneurosis.
Lawrence, George W.	36589276	do	Artificial left eye.
Lee, Warren H.	33444996	do	Psychoneurosis.
Leeming, Walter G.	31467666	Private	Hernia.
Lefell, Lloyd E.	36771163	Corporal	Artificial left eye.
MacGuire, Thomas D.	42103035	Technician fifth grade	Do.
Mannion, John E.	36053742	Private first class	Arthritis, spine.
Martin, Ervie P.	37588087	do	Hernia.
Massey, Harry F.	31297093	Technical sergeant	Artificial left eye.
Masullo, Rosario A.	33418810	Private	Do.
Matuk, John A.	33903438	Private first class	Do.
Mauro, Ralph A.	37702971	Private	Hernia.
McRae, Vernon A., Jr.	34980019	Private first class	Do.
McCuiston, Harper E.	34989281	do	Do.
Meador, Robert A.	31360755	do	Cataract, right eye.
Meyer, John C.	31338570	Sergeant	Hernia.
Miller, Jerome	36731604	do	Artificial right eye.
Miller, Lawrence	33400378	Private first class	Do.
Miller, Ralph	33480834	do	Do.
Michener, Robert E.	35444543	do	Do.
Mitton, Leslie R.	31227805	Technician fifth grade	Artificial left eye.
Montgomery, Clyde H., Sr.	34980286	Private	Hernia.
Morrison, William H.	12047382	Technician fifth grade	Do.
Mosetti, Lewis	32954160	Private	Artificial left eye.
Mullin, William H.	39049280	Private first class	Hernia.
Neve, Harold	32534416	Technician third grade	Artificial eye.
Nugent, Horrace G.	38661788	Corporal	Hernia.
Parks, William H.	33454487	Technician fourth grade	Artificial left eye.
Pasquarelli, Armadeo	32748814	Private first class	Crypton Chidism left tes- ticle.
Paxton, Noah V.	35240369	Private	Asthma.
Perry, William A.	33329477	Private first class	Shoulder curves out of place.
Pinckney, Charles C.	7002045	Private	Neurosis.
Poltis, Joe R.	32608892	do	Artificial eye.
Rachman, Leon J.	12143590	Private first class	Hernia.
Randall, Haven J.	33886465	do	Do.
Reininger, Anthony	36874857	do	Artificial left eye.
Rochester, James H.	34517604	do	Enucleated left eye.
Rogow, Robert	32683755	Private	Artificial left eye.
Rosetta, William J.	42133945	do	Hernia.
Russell, Harold E.	32834837	Private first class	Neurosis.

<sup>1</sup> Colored.

Name	Serial No.	Rank	Physical defect
San Souci, John J.....	31148733	Technician fifth grade.....	Hernia.
Sanrey, Edmund E.....	31296317	Private first class.....	Do.
Schaffer, Leo W.....	37036705	Technician fifth grade.....	Appendicitis, hepatitis.
Scollin, Michael P.....	42079117	Private first class.....	Hernia.
Scott, John A.....	39900802	Technician fourth grade.....	Artificial eye.
Shaughnessy, Lawrence.....	30182957	do.....	Deformity of feet.
Silver, Irving.....	33443253	do.....	Artificial eye.
Smith, Howard H.....	6904561	Private.....	Heart condition; wounded shoulder.
Smith, Le Roy.....	37583379	do.....	Artificial left eye.
Soverow, Adolph.....	31460524	Private first class.....	Hernia.
Spaner, Irving.....	33169727	Staff sergeant.....	Do.
Speelberg, J. R.....	32841434	Private first class.....	Enucleated left eye.
Spinner, Irving.....	32434928	do.....	Back injury.
Sromovsky, Joseph J.....	32067660	Private.....	Neurosis.
Todd, George H. <sup>1</sup> .....	31117534	Private first class.....	Psychoneurosis.
Van Lee, Charles R. <sup>1</sup> .....	42039153	do.....	Pains, knees and ankles.
Vaughan, Fred D. <sup>1</sup> .....	32970432	do.....	Blind, left eye.
Ventura, Michael.....	36763964	Technician fifth grade.....	Hernia.
Volrath, Joseph N.....	34961221	Private first class.....	Do.
Vose, Everett L.....	31113954	do.....	Do.
Vukelich, Paul.....	33703835	do.....	Deformity, spine.
Watson, Julian E.....	34573841	do.....	Hernia.
Wingert, Daniel P.....	33881943	Technician fifth grade.....	Artificial left eye.
Word, Chester.....	35719306	Private.....	Fracture, right foot.
Yonushka, Albert J.....	33461150	Corporal.....	Artificial right eye.

<sup>1</sup> Colored.

#### EXECUTIVE SESSION

(The committee met in executive session at 1:45 p. m., Hon. John E. Rankin (chairman) presiding.)

The CHAIRMAN. The committee will come to order. Now, off the record for a few moments.

(Discussion off the record.)

#### STATEMENT OF COL. LOUIS F. VERDEL, VETERANS' ADMINISTRATION HOSPITAL, NORTHPORT, LONG ISLAND, N. Y.

Colonel VERDEL. Mr. Chairman, I do not believe the Administrator would reprimand me in giving this patient's name. I will take a chance on it.

The CHAIRMAN. This is a committee of Congress and we are superior to any department of the Government outside of the legislative and the executive. This is the legislative branch and you have a right to answer these questions, and I will stand between you and the Administration, I will tell you that.

Colonel VERDEL. All right, sir.

The CHAIRMAN. Go ahead and ask the question.

Mr. KEARNEY. There is a patient in the Northport Hospital by the name of Edward Fortune. Is that so?

Colonel VERDEL. Yes.

Mr. KEARNEY. On several occasions has Fortune had a writ of habeas corpus issued by either the county or Supreme Court of Nassau County?

Colonel VERDEL. Mr. Fortune has been before the court on three occasions.

The CHAIRMAN. Was he committed to a hospital in the beginning by court order?

Colonel VERDEL. Yes. I would like to add that when I was asked the question if we had a patient by that name, I would like to add we



do have a patient by that name who has been committed by the courts in New York State.

Mr. KEARNEY. And on that writ was the body of Mr. Fortune produced in court?

Colonel VERDEL. Yes.

Mr. KEARNEY. And on how many occasions?

Colonel VERDEL. Mr. Fortune has been before the court on three different occasions, on a writ of habeas corpus.

Mr. KEARNEY. And on all three of those occasions was testimony produced?

Colonel VERDEL. The last time he appeared before the court at Riverhead was last Monday.

On each occasion the entire record of the hospital was produced in court.

Mr. AUCHINCLOSS. Concerning his case?

Colonel VERDEL. Yes. And on all three occasions Mr. Fortune was returned to the hospital as it was the opinion of the court that he was not in mental condition to be released and should be held further.

The CHAIRMAN. Colonel, those were on writs of habeas corpus, were they?

Colonel VERDEL. Yes.

The CHAIRMAN. And all three times he got somebody to sue out writs of habeas corpus for him?

Colonel VERDEL. It seems that a man can just make applications for writs himself.

Mr. KEARNEY. I am sure on one occasion he did.

Colonel VERDEL. Yes. I am sure that must be the law in the State of New York because this man would get a writ on his own application.

Mr. KEARNEY. And do you know whether or not on any of those occasions Fortune himself gave any testimony in court?

Colonel VERDEL. I do not know about that. I know about 3 weeks ago we sent him to court on a subpoena. When he got to court he told the judge he was not suing on a writ of habeas corpus to get out of the hospital, that was not his intention at all; he just wanted to find out about his funds.

Mr. KEARNEY. His what?

Colonel VERDEL. His funds. How much money he had.

Mr. CUNNINGHAM. Colonel, I understand if the patient through his attorney makes application in proper form according to the statute in the State of New York, it is mandatory that that writ be granted and that following that the body of the patient is produced in court and there is a hearing on the merits of whether he is fit to be released or returned to the hospital.

Colonel VERDEL. Yes.

Mr. CUNNINGHAM. And on each occasion the presiding judge found that he should not be released but should be returned to the hospital.

Colonel VERDEL. Yes.

Mr. CUNNINGHAM. And that was done on each occasion?

Colonel VERDEL. Yes.

Mr. CUNNINGHAM. So he is being held there by court order.

Colonel VERDEL. Yes. Off the record.

(Discussion off the record.)

Mr. KEARNEY. It further states in this telegram, and I ask if this is correct [reading]:

One week after Fortune's arrival at Northport the manager of the station recommended his discharge and freedom on the basis of the hospital clinical records.

Colonel VERDEL. No, sir. If the manager of the station had recommended his discharge, he would have been discharged.

Mr. KEARNEY. Well, he further claims in this telegram he was denied the ground privileges because he had urged other patients to follow his example in seeking a writ of habeas corpus.

Colonel VERDEL. Mr. Fortune was denied ground privileges because the station did not feel he was in mental condition to handle it. Ground privileges means the patients walk around the ground unaccompanied, and they stay out as late as 8:30 at night.

Mr. KEARNEY. The reason I asked you this question, this morning I received a telegram from Mrs. Miriam Peterson, 2215 Bigler Terrace.

Mr. McQUEEN. What city?

Mr. KEARNEY. Philadelphia, Pa. Because of a telegram I received this morning. Do you state that you do not know her?

Colonel VERDEL. I do not recall Mrs. Peterson.

Mr. KEARNEY. And that was why I did not pursue that question, because I would rather ask the colonel in executive session. The telegram reads:

Request permission to testify regarding Colonel Verdel's unfitness. Please reply immediately.

I intended to ask whether this woman had been a nurse there?

Colonel VERDEL. No, sir. There has never been a nurse there by that name.

Mr. KEARNEY. You do not know her.

Colonel VERDEL. No, sir. Would it be proper for me to take her—

Mr. KEARNEY. Yes. Mrs. Miriam Peterson, 2215 Bigler Terrace, Philadelphia, Pa.

This veteran was committed under direction of the court?

Colonel VERDEL. Yes, sir.

Mr. KEARNEY. So that regardless of any position by your doctor or doctors, as a matter of law he could not be released by the authority of the court.

Colonel VERDEL. Yes, sir. If he had received maximum hospital benefit, we can discharge him.

Mr. KEARNEY. Without direction from the court?

Colonel VERDEL. Without direction from the court.

Mr. CUNNINGHAM. You do not have to make a report to the court?

Colonel VERDEL. No, sir. Unless it is a criminal case. If he is not committed for a criminal offense, we do not have to report.

Mr. CUNNINGHAM. You are the sole judges?

Colonel VERDEL. We are the sole judges as to when he is to be returned.

Mr. KEARNEY. Is that authority given in the court order?

Colonel VERDEL. I do not know whether it is or not.

Mr. KEARNEY. I just wonder whether when a person is confined under court order whether any individual, in this case the Veterans' Administration, have a right to discharge without further order of the court.

Mr. SCRIVNER. That is done with a court decree with regularity. It is done all the time.

Mr. CUNNINGHAM. You all remember the famous Harry Thaw case. After several years he was released by the asylum as fit to return to society, without a court order.

And that is the rule in my State.

Mr. KEARNEY. It is my recollection that Thaw was released after further hearing by the court.

The CHAIRMAN. My understanding of the law in my State is that we follow the procedure that the colonel has outlined.

Colonel VERDEL. That is the law in Tennessee, and I am sure that is provided for in the laws of New York State. They do not have to report to the court.

In criminal cases that is different. They have to be referred to the court.

Mr. ALLEN. When a man is once interdicted by the court that interdiction stands and that man has no right to execute any paper or anything of the kind until that court order is removed.

Mr. SCRIVNER. That does not refer to release from the hospital.

Mr. PETERSON. In most jurisdictions when the institution to which he is committed—purely from a lunacy or mental deficiency—when they turn him loose it is all right, but in criminal instances it is different. In some instances you find them not guilty on the ground of insanity. Then they cannot turn them out. But ordinary lunacy or mental incompetence—

Mr. SCRIVNER. Mr. Chairman, I think we are getting a little far afield here.

The CHAIRMAN. You look up the law in New York and I am sure you will find the colonel is right.

Mr. KEARNEY. Where do the newspapers, Doctor, get the statement that the FBI has made the investigation? That three undercover men had been placed in the hospital as patients?

Colonel VERDEL. I have no idea.

The CHAIRMAN. What paper stated that, Mr. Kearney?

Mr. KEARNEY. The World-Telegram, Brooklyn Eagle, most of the papers that wrote the article said that three FBI men were sent in.

Mr. SCRIVNER. The VFW report says that.

Colonel VERDEL. I have never disclosed to anyone except this committee that there was an under-cover investigation on the hospital.

The CHAIRMAN. In the first place the FBI does not investigate other Government agencies.

Mr. KEARNEY. Doctor, you have read the articles of the Veterans of Foreign Wars and you know the charges against the soldiers who were court-martialed and the seven defendants.

Have you been restricted in anyway by the central office here in Washington in your own conduct of administering that hospital?

Colonel VERDEL. General, that is a very broad question.

Mr. KEARNEY. Well, for instance I have in mind that there was complaint made that there was no screening or no protection on the windows and that you called that to the attention of the central office and the matter was forgotten.

Colonel VERDEL. I do not think that matter was forgotten, sir. They directed me when I made this recommendation to go where they



had this proper type of retention screen. I went with my utility officer and I was very much impressed with it and recommended that it be placed on our acute building. That went into the central office and it was quite some time, may be a month or two, that we never heard anything from them, and my impression was that the cost was about \$19,000. They did not think it was worth that much, I presume. I am trying to say what they think. Then they suggested we put in an unbreakable glass on these windows. They have sent several panes of glass to the hospital, we have tested them and made our report to the central office, and that is where the matter stands now.

Mr. KEARNEY. Since you have been at Northport have you found any doctors who in your own mind are hopelessly unsuited?

Colonel VERDEL. Yes; I have some that are unsuited.

Mr. KEARNEY. Have you made any recommendation on those particular doctors?

Colonel VERDEL. I have not made any recommendations because they were attached to the Army.

Mr. KEARNEY. Those are the Army doctors?

Colonel VERDEL. Yes.

Mr. KEARNEY. Have you found any in the Veterans' Administration?

Colonel VERDEL. I have one doctor in the Veterans' Administration that we gave a fair rating to which is a very low rating for a doctor.

Mr. KEARNEY. In other words, without jumping ahead with this questioning—I do not want to take up the time of the committee—do you feel that you are tied down too much by the central office or civil-service regulations?

Colonel VERDEL. Yes.

Mr. KEARNEY. In other words, you as administrator of that hospital do not have the free rein to do the best thing for the hospital?

Colonel VERDEL. No, sir. I feel sometimes I am just there to be the goat when something like this happens.

Mr. KEARNEY. Now, on the other hand, is it not also true in cases of mistreatment of the patients, or cruelty, that you as manager of the hospital have to bear the brunt?

Colonel VERDEL. Yes; I do. Now, in cases where a patient is abused I do have the authority to suspend him. If he is a civil-service employee I can suspend him and we will have to prefer charges. I have to give him so much time to answer those charges. They go into the central office and they pass on whether the man is guilty or not.

Mr. KEARNEY. Was that done in these seven cases?

Colonel VERDEL. Yes, sir.

Mr. KEARNEY. They were afterward discharged from the service?

Colonel VERDEL. Yes, sir.

Mr. KEARNEY. But their cases are still pending before the United States attorney's office?

Colonel VERDEL. Yes, sir.

The CHAIRMAN. Colonel, is it not pretty hard to get rid of an undesirable or incompetent doctor under that procedure?

Colonel VERDEL. It is very difficult now, Mr. Chairman.

The CHAIRMAN. What is that?

Colonel VERDEL. It is very, very difficult now. They are just holding onto everybody they can hold onto.

Mr. KEARNEY. Up to the present time there has not been any grand jury action?

Colonel VERDEL. Not that I know of.

Mr. KEARNEY. Those cases were turned over to the district attorney's office at what time?

Colonel VERDEL. That is done by the solicitor and I have no knowledge. The charges were in.

Mr. KEARNEY. In other words, as I get your picture—we are here in executive session—do you feel, so far as your administering the hospital is concerned, you are just tied up with red tape?

Colonel VERDEL. It is just about that; yes, sir.

Mr. KEARNEY. Have you any suggestions to make to the committee in order that we may properly recommend those things necessary, either by an act of Congress or by consultation with the Veterans' Administration, to change them?

Colonel VERDEL. Well, I would like to give you one example. As far as doctors are concerned, I have nothing to do with the doctors I get. They are sent to me. The doctor's position is termed a centralized position, it is handled in central office; promotions are all handled in central office; and I get a notice on such and such a day that such a doctor will report for duty.

In other words, I have to take what I get.

Mr. KEARNEY. Whether you want him or not?

Colonel VERDEL. Whether I want him or not.

Mr. KEARNEY. And when they have been there for some time and you find out in your own mind whether they are suitable for that work, you still have to keep them there?

Colonel VERDEL. I had one officer who was sent to me from the Army and when he reported for duty he told me he was not interested in psychiatry, that he was reporting here because he was in the Army, as soon as he got out of the Army he was going on to follow the branch of medicine he was interested in, which was surgery.

I wrote a letter to the central office and told them it was possible to get some good out of this man if we would send him to some hospital and put him in some type of work in which he was interested, but I did not think he was going to be much good in an NP hospital.

Mr. KEARNEY. What about your Veterans' Administration doctors?

Colonel VERDEL. I have no control over them. The same thing as the Army.

Mr. KEARNEY. They also send you doctors from the Administration, and whether you like it or not you still have to keep them?

Colonel VERDEL. We keep them; yes, sir. The only recourse we have in that is in the efficiency ratings.

The CHAIRMAN. Colonel, that was the case before the war, was it not?

Colonel VERDEL. Yes, sir.

The CHAIRMAN. And unless we change the law it will be the same after the war, will it not?

Colonel VERDEL. The doctors' positions have always been centralized, as far as I can remember.

The CHAIRMAN. Then after the war is over those doctors will be sent from the civil service?

Colonel VERDEL. Yes.

The CHAIRMAN. And your hands are tied in getting rid of them?

Colonel VERDEL. The only way I can get rid of them is to prefer charges.

The CHAIRMAN. And that is the only way the Veterans' Administration can get rid of them?

Colonel VERDEL. Yes, sir.

The CHAIRMAN. And unless the Veterans' Administration prefer charges, all you can do is to move them from one hospital to another, is it not?

Colonel VERDEL. That is correct.

Mr. KEARNEY. Doctor, what I am trying to get at here and keep away from a long line of questioning is this fact: That regardless of the red tape and regulations that you are surrounded with, if anything happens in your hospital concerning abuse that might have been taken care of by yourself with an immediate outright discharge, it all sums itself up to the proposition that you as head of the hospital are responsible?

Colonel VERDEL. Yes, sir; I am responsible.

Mr. KEARNEY. It is an unfair situation.

The CHAIRMAN. In other words, you are required to take the rap for both the War Department and the Veterans' Administration?

Colonel VERDEL. Yes, sir.

The CHAIRMAN. I might say the same thing applies to General Hines. He has been abused for things he had no control of whatsoever. One thing was shoving the War Department doctors along and the other thing is civil service which shoves these doctors on them.

Mr. SCRIVNER. Mr. Chairman, we made it possible.

The CHAIRMAN. I understand. But General Hines is taking the rap for something for which he is not responsible.

Mr. SCRIVNER. It was what we recommended in the GI that made it possible to transfer them.

Mr. KEARNEY. We assumed at that time that the War Department was going to send competent doctors.

Mr. SCRIVNER. That is right. We are not in any way responsible for the type of doctor.

The CHAIRMAN. Right here—attacking Colonel Verdel here because of the misconduct of a bunch of Negro soldiers in beating up a lot of white patients. And a lot of other things. The only way you could get rid of them was to prefer charges against them. And now he is having to take the punishment for a lot of doctors that have come through this civil-service racket. I think you will find it has been going on for years. And others have been sent there by the War Department simply because they did not want them in the Army. And here are men with one eye that ought not to be taken in any army. You would not even take them in the National Guard, would you, General?

Mr. KEARNEY. Well, due to the fact that you get so much red tape and foolish regulations, the doctor cannot hire and fire for the benefit of the hospital, but he had to take the rap because these abuses have existed.

Mr. SCRIVNER. Mr. Chairman, can I ask some questions?? I have been pretty quiet.

The CHAIRMAN. Yes.



Mr. SCRIVNER. Doctor, I have no chips in this game at all except the welfare of the veterans. I think it would be just as reprehensible for a white attendant to hit a colored attendant as for a colored attendant to hit a white attendant. But this report states that the management also admitted that there were cases of mistreatment which were not reported. Now, were there any cases of mistreatment prior to January and February of this year?

Colonel VERDEL. There have been no cases brought to my attention which were not reported and charges preferred against them.

Mr. SCRIVNER. And you say now you did not make any admissions to these representatives of the VFW that there were other cases which were not reported? I am merely reading this report:

There were other cases of mistreatment which were not reported.

Colonel VERDEL. I did not make any such statement.

Mr. SCRIVNER. I do not know who wrote this.

Colonel VERDEL. I would have been very much derelict in my duty if I had not reported them.

Mr. SCRIVNER. That is what I thought. In other words, you went there in June of 1944 as manager, and you found things, I think in your own words, in deplorable condition.

Colonel VERDEL. Yes, sir.

Mr. SCRIVNER. And the previous manager has now been retired?

Colonel VERDEL. Yes.

Mr. SCRIVNER. Between June 1944 and January 1945, were there any cases of mistreatment of any of the patients at all?

Colonel VERDEL. I appointed a number of boards, but to tell you whether there were any we preferred charges against, I could not tell you without referring to the record.

Mr. SCRIVNER. Well, whether the boards found anything or not, were there any other cases?

Colonel VERDEL. Well, I could not tell you that without knowing what the boards found.

Mr. SCRIVNER. You do not know what the boards found?

Colonel VERDEL. I do not recall it now; no. It has been a good while ago.

Mr. SCRIVNER. Well, that is another thing that is surprising to me, on many of these things you do not have as much personal knowledge as you might have. Of course, I understand as manager of a hospital it is a pretty big job. My memory is not so good but I think I could remember what was the outcome of those investigations.

Now, when you got some of these doctors that you did not think came up to par outside of this one doctor you wrote about, what action did you take on the rest of them? Did you take any action about them at all, did you make any report to anybody, did you make any report in here stating that these doctors sent to you just were not up to snuff?

Colonel VERDEL. I made a report on two of them, I made a report on Colonel Steinberg.

Mr. SCRIVNER. Who was the other?

Colonel VERDEL. Lieutenant Steinberg.

Mr. SCRIVNER. Did you get any report back from central office?

Colonel VERDEL. Yes; I got a report back from Lieutenant Steinberg that he was in the Army and that he was supposed to do what he was told to do, or words to that effect.

Mr. ENGLE. I did not understand you.

Colonel VERDEL. I got word back from the central office that he was in the Army and he was supposed to do the duty that was assigned to him, or words to that effect. I cannot quote it.

Mr. SCRIVNER. You realize I am quite sure with the number of doctors and nurses there that the load was too great, the patient load.

Colonel VERDEL. That we had too few doctors?

Mr. SCRIVNER. Yes.

Colonel VERDEL. Yes.

Mr. SCRIVNER. And in view of the fact that you have not been able to get more doctors have you taken any action to cut down the patient load?

Colonel VERDEL. No, sir.

Mr. SCRIVNER. In other words you have not notified central office that you should not receive more patients until you had more doctors on your staff?

Colonel VERDEL. The only time I notified central office was when they ordered more patients in there than we had beds to accommodate.

Mr. SCRIVNER. Well, have you ever discussed with anyone in central office your overtaxed staff?

Colonel VERDEL. Yes.

Mr. SCRIVNER. And what were your recommendations on that?

Colonel VERDEL. Additional doctors.

Mr. SCRIVNER. And in the absence of being able to get them did you make any alternative recommendation?

Colonel VERDEL. No. I did not feel we were justified in turning patients down. I felt we should take them and do the best we could for them.

Mr. SCRIVNER. Now, let us get back to another part of the VFW reports in which they say they found 48 violent patients in charge of 2 attendants and that one of them was strapped in a strait-jacket and his forehead was severely lacerated and bleeding and there was another in the hallway outside with both wrists cut from broken glass.

Were these isolated cases or have you had others like that previous?

Colonel VERDEL. We have had cases of where patients were injured by breaking out windows. We have had cases of where they would break windows and try to cut their wrists. They are patients who have had suicidal tendencies.

Mr. SCRIVNER. And in addition to that you made recommendation of screening inside?

Colonel VERDEL. Yes.

Mr. SCRIVNER. And someone in central office said it cost too much?

Colonel VERDEL. Well, words to that effect.

Mr. SCRIVNER. And then you tried some shatter-proof glass?

Colonel VERDEL. The central office suggested we try shatter-proof glass.

Mr. SCRIVNER. Was there any estimate made of the cost of that?

Colonel VERDEL. As far as I know, no. They did authorize it. They have to furnish the money and they make the contracts for it.

Mr. SCRIVNER. Well, who would be directly responsible for the lack of screening on the side of the ward? To me that is one of the situations that does not look a bit good.

Colonel VERDEL. We send such recommendations as that to the construction service.

Mr. SCRIVNER. Who is that under, Colonel Tripp?

Colonel VERDEL. Colonel Tripp. And I know similar instances they have referred it to the Medical to get their recommendation.

Mr. SCRIVNER. To whom?

Colonel VERDEL. To Medical Service. Now, whether they did it in this particular case I do not know.

Mr. SCRIVNER. Well, there is no question if these windows are not screened—it is rather common for them to try to go through the glass, is it not?

Colonel VERDEL. Very common. I have been supplied the number of panes of glass—it is a matter of record in central office the number of panes of glass that have been broken out by patients.

Mr. SCRIVNER. And still no action.

(Mr. Gibson assumes the chair.)

Mr. GIBSON. Mr. Scrivner, we are going to have to vote. Would you like to take the chair?

Mr. SCRIVNER. I do not care to go on—let me do that. I have never sat up there.

Mr. GIBSON. You will have 15 more minutes.

(Mr. Scrivner assumes the chair.)

Mr. HUBER. May I ask a few questions?

Mr. SCRIVNER. Yes.

Mr. HUBER. Colonel, was this the same lawyer on all three occasions that represented this man Fortune?

Colonel VERDEL. No, this is the first time that he has represented Fortune.

Mr. HUBER. And since you have been there have there been similar proceedings on behalf of other patients?

Colonel VERDEL. Oh, we have had a number of cases of habeas corpus.

Mr. HUBER. The thing I was wondering about was if the statutes of New York have compensation for representing indigent people and whether or not that might be kind of a racket. Maybe I had better not say—we will say misusing it would be a racket.

Colonel VERDEL. If I may say something off the record.

(Discussion off the record.)

Mr. HUBER. Do you happen to know whether the statutes of New York provide a fee?

Colonel VERDEL. I think not. The court appointed this lawyer.

Mr. McQUEEN. This man Fortune has gotten into this record before. I do not know whether it was in the testimony or——

Mr. SCRIVNER. It is in the VFW report.

Mr. McQUEEN. Well, I sent for these magazines and I cannot recall the Deutsch testimony. I do not recall whether it got in through the newspapers.

Colonel VERDEL. No; it did not.

Mr. McQUEEN. Then it got in through the VFW report.

Mr. SCRIVNER. That is where I saw it.



Well, being here in the chair, I think I will call for just about a 15-minute adjournment.

(Short recess.)

(Mr. Rankin resumes the chair.)

The CHAIRMAN. Any other questions now that any of you want to ask?

Mr. DOMENGEAUX. I would like, Mr. Chairman, to ask one or two questions.

Colonel, I understood you this morning to say that Northport in your opinion was as good a mental hospital as any other in the Veterans' Administration and if undercover agents would go into these other places they would discover situations just as bad and just as undesirable.

Did I understand you correctly to make that statement?

Colonel VERDEL. I did say that if the same type of investigation was made at other institutions they would find that Northport was not the worst station in the service. Put it that way. I do not think there is any question but what they will find it in other stations.

Mr. KEARNEY. As to abuses?

Mr. DOMENGEAUX. As to abuses and with reference to the handling of patients by attendants.

Colonel VERDEL. Yes, sir. And that does not just apply to the Veterans' Administration; it applies to every institution housing mental patients.

Mr. KEARNEY. Do you think this investigation should go into the other hospitals, then?

Colonel VERDEL. Yes. I do not think they should put it off into one hospital. I think it is the general's intentions now. I think they have had it at some of the western stations now.

Mr. KEARNEY. I think at the Fort Lyons hospital there was an investigation made prior to our investigation.

Colonel VERDEL. If I might suggest, you can ask this investigator. He has been around to a number of stations.

Mr. McQUEEN. Doctor, you suggested to me a remedy that might help this situation as to getting down to the facts and recommendations. Why do you not tell the committee so they can have that for their records?

Colonel VERDEL. I told General Kearney about it. General Kearney does not seem to think the Army would do very much about it from the way they have treated us on these Army doctors.

I thought it would be a good idea to get a complete and full and honest picture as to veterans' hospitals as a whole to appoint a committee of doctors—I suggested one from the Army and one from the Navy and one of the doctors from the New York State service, and let them go there and make a thorough survey of the hospital. They will be men that are capable of making surveys. They will know what to look for. They will be able to give the committee some concrete evidence. They will know about abuses of patients.

Mr. DOMENGEAUX. And the standard of service would be by a more accurate measure than the investigation by laymen.

Colonel VERDEL. Yes, sir.

Mr. KEARNEY. And you would also check up on the Army doctors that are assigned to the veterans' hospitals?

Colonel VERDEL. Yes, sir.

The CHAIRMAN. Colonel, is it your opinion that there is as much rough treatment in the State mental hospitals as you will find in the veterans' hospitals?

Colonel VERDEL. Yes, sir; I think there is every bit as much. There have been murders in some. There was an article in the New York Times—I mean the World-Telegram—of a couple a months ago that the superintendent of one of the New Jersey hospitals reported three or four homicides and seven or eight suicides which he attributed to lack of personnel, and I do not doubt but what that contributed to it.

Mr. KEARNEY. Doctor, are there much homosexual relations that go on in these hospitals?

Colonel VERDEL. Not a whole lot. I have had cases of one or two patients but we soon find those out by their appearance and their voices.

The CHAIRMAN. You sent a telegram to Colonel Verdel.

Mr. KEARNEY. To Colonel Verdel?

The CHAIRMAN. Yes.

Mr. KEARNEY. Yes.

The CHAIRMAN. Did you get a reply?

Mr. KEARNEY. Well, I did not introduce it in the record.

The CHAIRMAN. Do you mind introducing it?

Mr. KEARNEY. I do not have it with me now, but I will introduce it if General Hines will authorize me.

The CHAIRMAN. I would like to have it go in the record. It will at least complete the record.

Colonel VERDEL. Another thing I think would help these mental hospitals is to have a full-time chaplain.

The CHAIRMAN. Full-time chaplains?

Colonel VERDEL. Yes. At the present time we have a Protestant, Jewish, and Catholic. They come on call. If the patient becomes critically ill we call them in, but I think it would help a great deal.

Mr. ALLEN. I think it is a very sensible suggestion.

Colonel VERDEL. They would work as liaison between the patients. I think it would go a long way toward making the patients more contented.

Mr. KEARNEY. Would that have to be taken up with a central body of the various faiths to have them assigned there?

Colonel VERDEL. No, sir. It could be done by the Veterans' Administration itself.

Mr. CARNAHAN. It would require three chaplains for each institution.

Colonel VERDEL. Well, that depends on the section of the country. In Northport there is a large Catholic and Jewish population there. Some of our hospitals are either predominantly Protestant or Catholic. But even if it did require them I think it would be worth it, I think it would be worth the money that is spent to have it.

Mr. DOMENGEAUX. They should be paid a salary?

Colonel VERDEL. Yes.

Mr. ALLEN. Oh, yes.

Mr. DOMENGEAUX. In one hospital the chaplain received \$40 a month.

Colonel VERDEL. Well, that is what ours receive, \$10 a Sunday.

Mr. KEARNEY. I have one here in reference to a patient, William Edward Norris. Mrs. Norris wrote to Dr. Griffith and spoke about the treatment he was receiving up there and she said this authority in charge of building 9 said that they had no insulin therapy or that that was not given there.

Colonel VERDEL. That is true, we are not giving insulin therapy because it requires so many doctors and nurses. And the men who have been giving insulin shock think there is nothing like insulin, and those who have been giving electro shock think there is nothing like electric shock.

Mr. KEARNEY. Well, is there not an instance of where a veteran received a broken back as a result of the treatment?

Colonel VERDEL. They have it just backwards. They received fractures of the spine, fractures of the back. I think you will find records all over the country will run about 4 percent of fracture following the shock therapy.

The CHAIRMAN. Four percent?

Colonel VERDEL. Four percent. Northport is no higher than that. Now we are giving shock treatments to 89 patients.

Mr. KEARNEY. Eighty-nine?

Colonel VERDEL. Yes. We have increased that in the last month from 25 to 89. And in spite of all the precautions you take of putting sandbags and holding them on the table, some of them will get that.

We never give a patient a shock treatment until he has been checked all over, cardiac, and so forth, but in spite of that they will get fractures in spite of all.

And another thing, if a patient complains of any pain, we X-ray them.

The fracture is very mild. The patient is up in 2 or 3 days and making no complaint at all.

Mr. KEARNEY. Have you any personal knowledge of this case?

Colonel VERDEL. No, I do not; but if you would like me to I will find out about it.

Mr. KEARNEY. I wish you would and let me know.

The CHAIRMAN. Doctor, what percent of the patients that have been given those shocks have improved?

Colonel VERDEL. Well, we figure 40 percent of them. Now, how permanent that is going to be we do not know. We have not had time to follow them up, but it is well worth giving, especially these young boys that have to be tube fed, that won't eat.

The CHAIRMAN. Mr. Scrivner, do you have some questions?

Mr. SCRIVNER. No; I have asked him all I care to.

The CHAIRMAN. Doctor, we thank you very much for coming down and your statement has been very enlightening.

Colonel VERDEL. I want to thank the committee for its consideration of me. It is my first time before any august body like this, and I may have been a little nervous.

Mr. SCRIVNER. This is not any august body, this is a June body.

The CHAIRMAN. Put that in the record. We have been delighted to have you, Doctor, and it has been of great assistance.

(Whereupon, the committee proceeded in open session.)



(The committee met at 1:45 p. m., Hon. John E. Rankin (chairman) presiding, and, following an executive session, proceeded as follows:)

The CHAIRMAN. You may proceed.

### STATEMENT OF HARRY STANSFIELD, INVESTIGATOR, VETERANS' ADMINISTRATION

Mr. McQUEEN. Now, Mr. Stansfield, you are the investigator for the Veterans' Administration who made the investigation of these irregularities at Northport?

Mr. STANSFIELD. That is right.

Mr. McQUEEN. And you have completed your report on the Northport facility?

Mr. STANSFIELD. Yes, sir.

Mr. McQUEEN. And you are now able to testify to this committee on what you found there on your investigation after you were sent up there and after the incident had happened?

Mr. STANSFIELD. Yes, sir.

Mr. KEARNEY. May I make a suggestion?

The CHAIRMAN. Yes.

Mr. KEARNEY. I understand that the district attorney's office in Brooklyn wants your records; is that right?

Mr. McQUEEN. That is right.

Mr. KEARNEY. I would suggest, then, in order to expedite the testimony that the witness testify in brief as to what he found up there, so that these records can be sent up there.

I think they want this on the prosecution on the seven defendants before the grand jury.

You will have to testify yourself?

Mr. STANSFIELD. I assume so.

The CHAIRMAN. Go ahead.

Mr. McQUEEN. Make your statement.

Mr. STANSFIELD. Early this year certain under-cover investigators were assigned to the Northport facility and went there and secured positions as attendants.

During the course of their employment they submitted written reports to central office of the various incidents which they observed.

On or about February 22 I was sent to Northport to follow up—

The CHAIRMAN. Can you lift your voice a little so that members can hear you better?

Mr. STANSFIELD. Yes. On or about February 22 I was ordered to New York to follow up with the under-cover investigation, and our method being to take the incidents reported by the under-cover men, then bring in the witnesses and the principals and secure their testimony under oath.

Mr. McQUEEN. Right there, let me ask you, were these under-cover men FBI men?

Mr. STANSFIELD. They were not. They were detailed at the Veterans' Administration.

The CHAIRMAN. You never do have FBI men make investigations, do you?

Mr. STANSFIELD. I have known them to call in FBI men.

The CHAIRMAN. But not to investigate Government agencies?

Mr. STANSFIELD. No, sir.

The CHAIRMAN. I am informed they will not investigate another Government agency.

Mr. STANSFIELD. I am not informed on that. They will investigate incidents of loss of Government property on Government reservations.

The CHAIRMAN. How is that?

Mr. STANSFIELD. I understand the FBI have investigated instances of stolen Government property.

I was at Northport approximately 2 months on this investigation. I had considerable trouble with the Negro soldiers there in refusing to testify, and after they were forced to testify, then they would refuse to sign their statements.

None of the Negro soldiers would ever admit that they were involved in these episodes.

Mr. MATHES. Can you talk a little louder, please, sir?

Mr. STANSFIELD. As a result of this investigation, there were approximately 13 colored soldiers who were court-martialed and 7 civilian attendants who were dismissed from duty immediately as soon as we got sufficient evidence.

Mr. ALLEN. About how many colored soldiers did you have on duty in all?

Mr. STANSFIELD. There were approximately—between 250 and 300 colored soldiers at that time.

The CHAIRMAN. Where were they from?

Mr. STANSFIELD. I do not know except from hearsay. The majority of them were from Harlem.

The CHAIRMAN. None of them were southern Negroes?

Mr. STANSFIELD. There were some.

The CHAIRMAN. Some from the South?

Mr. STANSFIELD. Yes. Now, if there are question—

Mr. KEARNEY. Well, tell us what you found.

Mr. McQUEEN. Without using names?

Mr. KEARNEY. He can use the names of the attendants.

Mr. ALLEN. Let us have the names.

The CHAIRMAN. I cannot see much wrong in going ahead and having the names. I would not want to do anybody an injustice who was just there temporarily.

Mr. McQUEEN. I thought that was the will of the committee.

Mr. STANSFIELD. In the case of a patient named —

Mr. MATHES. In order that there be no misunderstanding, the witness perhaps should be instructed about calling names of patients or attendants.

It seems to me, if I may state my own idea, that we would be rather unkind to put in the record the names of mental patients.

The CHAIRMAN. I think so, too. Call him patient A, B, C, and so forth.

Mrs. ROGERS. It might prevent him getting work on the outside.

The CHAIRMAN. We want them to get out with as little stain as possible, we might say, so that they will meet with as little embarrassment as possible.

Mrs. ROGERS. There are many cases of mistaken diagnoses, also.

The CHAIRMAN. Yes. I think it would be well to leave out names of those patients.

Mr. ALLEN. We do not want to hurt anybody.

Mr. STANSFIELD. Patient A: On January 21 Attendant Robert B. Leisenger struck this patient on the back of the neck with his open hand and pushed him into the hall in the dayroom and called him obscene names and threatened to beat hell out of him if he did not stay in the dayroom.

The CHAIRMAN. Who was that attendant.

Mr. STANSFIELD. Robert B. Leisenger.

The CHAIRMAN. A soldier?

Mr. STANSFIELD. Not a soldier.

Mr. ALLEN. How long had he been there?

Mr. STANSFIELD. He had been there a number of years. One of the older attendants.

Mr. AUCHINCLOSS. That is something you saw, yourself?

Mr. STANSFIELD. This is something that was seen by the undercover investigator, the man working as an attendant, which he reported to me, and then I took the testimony of these attendants that were charged with the offense.

Mrs. ROGERS. Is that man still doing undercover work?

Mr. STANSFIELD. Yes; not at that particular hospital, but he is still working.

Mrs. ROGERS. Yes; I understand that.

Mr. STANSFIELD. Attendant Emmett J. Griffin also testified that he had seen Head Attendant Leisenger—also Attendant Griffin committed these abuses and confirmed that in his testimony—and he also confirmed the fact that Attendant Leisenger had abused the patients by striking them and kicking them on the shins.

The CHAIRMAN. Is that a white attendant?

Mr. STANSFIELD. Yes.

The CHAIRMAN. Not a soldier.

Mr. STANSFIELD. No.

The CHAIRMAN. I want you to make that discrimination.

Mr. STANSFIELD. I will, as I go along.

The CHAIRMAN. He has been discharged?

Mr. STANSFIELD. Yes, sir.

The CHAIRMAN. Both of those attendants have been discharged?

Mr. STANSFIELD. Both of those attendants have been discharged and they are among the attendants whose names have been given to the United States attorney for prosecution.

Another case of patients B and C.

On the morning of November 23, 1944—I will explain this occurred prior to the time that our undercover investigators were in there—our policy has been to have the station boards investigate these matters and if the matters are of sufficient—are not sufficiently developed by the station boards, they are then referred to the Investigation Division in Washington and we are sent out to further develop that. This was one of those cases.

On the morning of November 23, 1944, patients B and C were found to have some discolorations about their bodies, necks, and shoulders, left chest, and one of the patients was crying. The other patient had a cut on his left check.



The board of investigation found soldier attendants—the colored soldier attendants who were on duty. One had claimed that these two patients had been in altercation with each other and caused the injury and denied that any of the attendants caused the injuries.

The evidence was not developed to the point where you could definitely say or charge these colored soldiers with this abuse, but it was indicated that these patients had refused to get up that morning, or they had had some difficulty in getting them up, and that the soldier attendants who were on duty in that ward had dumped them out of bed, or had apparently abused them or mistreated them. But the evidence was not sufficiently conclusive to warrant court martial.

Mr. ALLEN. All the soldier attendants were colored?

Mr. STANSFIELD. Might I explain here? At the time I commenced my investigation all of the soldiers were colored soldiers, and it was during the investigation that I recommended that the colored soldiers be removed immediately, and then they partially removed them as they were able to replace them; but these abuses were while all the soldiers were colored soldiers.

Mr. ALLEN. And you did recommend that they be removed?

Mr. STANSFIELD. Yes.

Mr. ALLEN. And that has not been done yet.

Mr. STANSFIELD. Part of them have been removed. We took it up with the Second Service Command.

(Mr. Peterson assumes the chair.)

Mr. PETERSON. Took it up with whom?

Mr. STANSFIELD. The Second Service Command.

They sent a colonel out there to investigate the matter, and he took the testimony of Colonel Verdel and my own testimony as to my observations, and he intimated at the time that he did not have enough white soldiers to replace them.

So, later on, I came on down to Washington and had a conference with General Hines, and he took it up with the War Department, and they were able to march in—they were able to find some white soldiers to put in there, but my understanding is they have not yet found enough to replace with white contingents.

Mr. PETERSON. Were these men medical men or just line assignments?

Mr. STANSFIELD. Line assignments.

As I say, in this particular case we were unable to get sufficient evidence to convict, but the recommendation was made that these two soldiers who were suspended should be removed from the station.

Mr. ALLEN. Were the cases white boys?

Mr. STANSFIELD. The patients were white; yes.

Mr. PETERSON. You say you could not get the evidence, but you were convinced in your own mind?

Mr. STANSFIELD. I was convinced in my own mind that these soldiers were responsible for the injuries.

In the case of patient D the undercover investigator saw attendant beating patient in the shower room for having soiled himself.

Mr. PETERSON. Was that patient a white boy also?

Mr. STANSFIELD. This was a white patient.

Mr. PETERSON. And you saw that yourself?

Mr. STANSFIELD. I did not see it. I was not the under-cover investigator.

Mr. PETERSON. Oh, you are giving the report of the under-cover investigator?

Mr. STANSFIELD. Yes.

Mrs. ROGERS. Did you give his name?

Mr. STANSFIELD. No.

Mr. PETERSON. You do not necessarily want to know? This is open session now. It is available.

Mrs. ROGERS. Oh, no. The man is still doing under-cover work?

Mr. STANSFIELD. Of course, I followed the under-cover investigator.

The matter was brought to the attention of the commanding officer, who requested that the soldier be removed from the facility.

Mr. ALLEN. Has he been removed?

Mr. STANSFIELD. Yes. He was one of those who were court-martialed.

Next is patient E, which was prior to the time we sent under-cover investigators there, and it was also investigated by the station board, which was unable to get sufficient evidence to show the true facts.

It might be explained that these incidents which were investigated by the station board occurred several months prior to the time that I arrived on the station, and obviously, it was difficult to get much evidence, 3, 4, or 5 months later.

Mr. KEARNEY. Why was it not taken care of at the time it happened?

Mr. STANSFIELD. As I say, the matter was investigated at the time it happened, but the investigation was made by doctors on the staff, and of course, they are not trained in investigation work and were unable to get the facts, in many instances.

Mr. STIGLER. Are those doctors still at the hospital?

Mr. STANSFIELD. The doctors who made the investigation?

Mr. STIGLER. Yes, sir.

Mr. STANSFIELD. I am not able to state that because I do not know the doctors who conducted the investigation.

Mr. DOMENGEAUX. Can you tell us, please, sir, how long the policy of employing under-cover investigators has been employed by the Veterans' Administration?

Mr. STANSFIELD. In my own knowledge this was the first instance.

Mr. DOMENGEAUX. The first instance?

Mr. STANSFIELD. Yes.

Mr. DOMENGEAUX. That is April of this year.

Mr. STANSFIELD. No; they went up there about January of this year.

Mr. DOMENGEAUX. And in all of these instances your local board was not able to come to any conclusion?

Mr. STANSFIELD. All of these were not investigated by the station board. These are cases I took along with me to try to develop further.

Mr. DOMENGEAUX. I was just wondering how many of these cases have been going on. So your local board was not competent to make the investigation, in the last 20 years, since the Veterans' Administration has been in service.

Mr. STANSFIELD. Well, I have been in the investigation myself only the last few years, that is, in central office.

I have been in the Veterans' Administration 23 years as an investigator in the local offices.

Mr. ALLEN. How far back have you heard rumors of abuse of these patients? Because you are detailing now something that happened just a few months ago, I assume?

Mr. STANSFIELD. Yes.

Mr. ALLEN. Did you get reports of something that happened 2 or 3 years back?

Mr. STANSFIELD. As long as I have been in the Veterans' Administration I have always found there has been some abuse, perhaps not as widespread as it has been in the last couple of years, and we got many of these station board reports, on which we conducted further investigation.

Mr. ALLEN. Have you had cases of abuse from any hospitals other than NP hospitals?

Mr. STANSFIELD. Some.

Mr. ALLEN. Why have they all been confined to NP hospitals?

Mr. STANSFIELD. They are confined largely to NP hospitals, although we have made investigation in other cases as to whether a patient was injured as a result of negligence.

If he is not a mental patient he is usually able to take care of himself and tell what happened, so we do not get those who are not mental cases.

Mr. ALLEN. Well, when you have had cases before of mental patient abuse, what did you do about them?

Mr. STANSFIELD. We would investigate them and if we could establish the facts to our satisfaction that an attendant was guilty of mistreating a patient, we would recommend that action be taken against them to remove them from the service.

Mr. KEARNEY. How many charges were preferred against these attendants you just enumerated?

Mr. STANSFIELD. We charged them with every thing we found.

Mr. KEARNEY. Well, how many charges were made against the individual attendants?

Mr. SCRIVNER. General, do you mean just as far as this one report on Northport?

Mr. KEARNEY. He said he had been charged with other abuses. I wondered whether the others were brought up on charges or not.

Mr. STANSFIELD. I do not recall saying there were charges of abuse other than I have mentioned.

Mr. KEARNEY. Then even though there were other investigations made by the Veterans' Administration there were no charges made against them?

Mr. STANSFIELD. I do not believe I said that.

Mr. KEARNEY. I wanted to check up.

Mr. STANSFIELD. I said we had other cases of these board investigations. I do not know of any cases than those I have personally investigated, but I know what the practice is, of sending in for review, the station board reports, to see whether the evidence had been properly developed or whether it was necessary to further develop it in order to charge an employee.

We have conducted those in the past.



Mr. MATHES. May I suggest you ask the gentleman to state his procedure, because he is stating beyond—he is stating something beyond his knowledge.

Mr. KEARNEY. I understood the witness to say there were numerous other instances of abuse reported to the Bureau.

Is that so?

Mr. STANSFIELD. Over the years. I would not say they are as numerous as they have been over the last couple of years.

Mr. KEARNEY. Well, do you know of your own knowledge of charges made against attendants who were punished?

Mr. STANSFIELD. Yes.

Mr. KEARNEY. Who passes on those cases—on those questions? When you have been getting charges heretofore against attendants was that a matter for the Civil Service Commission to pass on?

Mr. STANSFIELD. No. I might explain, whenever an injury or accident—it does not necessarily have to be abuse—when any injury or action happens at a hospital, the regulations require that a report be made to the Medical Director, and if it was serious enough, a board of doctors was appointed at the station to investigate, take testimony.

That report is sent into Washington to the Medical Director, and in turn, it is referred to the Investigation Division for review to determine whether the evidence has been sufficiently developed and, if not, we make a recommendation that central office investigate it.

If we develop a case of where an attendant has been guilty of mistreatment, we recommend that charges be preferred against this attendant.

Then a committee is appointed to consider those charges and the employee's reply to those charges.

If they think the evidence is sufficient, they will then take action to remove him, or reprimand him, or to administer such punishment as they think warranted.

Mr. ALLEN. You have to go through all that to find out whether a man is guilty or not?

Mr. KEARNEY. Mr. Chairman, I understand the witness to testify on the Northport situation.

We might have been able to shorten his testimony because we have here these cases.

Mr. McQUEEN. We only have the reports here on the Northport situation.

Mr. STANSFIELD, take those charges just at Northport that we have been talking about here, which includes the men who have been court-martialed and the men who have been removed, and relate those incidents to this committee.

You were down to patient E, I believe.

Is that what you want?

Mr. ALLEN. Yes; go right ahead, as briefly as you can.

Mr. STANSFIELD. The patient E on August 5, 1944, was taken by two colored soldiers, from the back room. A short while later the patient was found in the shower room with his eyes blackened and closed and discolored and with various lacerations about the head.

We were not able to develop evidence to show conclusively that these two particular soldiers inflicted these injuries but they were explained now in no other manner.

That patient received a fracture of the tip of the nasal bone and fractures of the fifth and eleventh right ribs.

Mr. KEARNEY. In plain English, that means he has a busted nose.

Mr. STANSFIELD. A busted nose and several busted ribs.

Mr. McQUEEN. What was done with those soldiers?

Mr. STANSFIELD. Those soldiers were removed from the station.

As I say, there was not sufficient evidence to charge any particular soldier. I think there were four soldiers on duty on that ward on that day at that time. It was impossible to determine which ones of the soldiers had beaten this patient, even assuming he had been beaten.

I was convinced in my own mind he had been beaten.

Mr. KEARNEY. Every soldier denied it?

Mr. STANSFIELD. Yes.

Mr. CARNAHAN. Had the—could the patients have inflicted those injuries themselves?

Mr. STANSFIELD. It is possible the patient could have; yes.

Mr. McQUEEN. Go ahead with these incidents.

Mr. STANSFIELD. Patient F was abused on numerous occasions. The undercover investigator on January 28, 1945 witnessed Attendant Emmett J. Griffin kick this patient on the shin and beat him about the head with his fists.

Another undercover investigator reported on the same date, later in the day, colored soldier Pvt. Charles Sanders kicked this patient in the shins and hit him in the face while they were putting the restraining sheet on him.

Pvt. Jerome Hamilton was present and witnessed this incident, but each of them denied this allegation.

Mr. ALLEN. That happened on different days?

Mr. STANSFIELD. No; that happened on the same day. In the morning and in the evening.

Mr. KEARNEY. Do you know anything about that particular patient?

Mr. STANSFIELD. This particular patient?

Mr. KEARNEY. What his behavior had been prior to that?

Mr. STANSFIELD. Yes. He was not the assaultive or combative patient, but he was resistant. They had to tube feed him; he would not eat. He would resist everything done for him. He would spend his time standing by the door trying to escape. Every opportunity that the door was opened he would run down the hall and try to get out.

I assume many of the attendants lost patience with him trying to keep him out of the way and that was the cause of these abuses.

Mr. KEARNEY. That was no excuse for it.

Mr. STANSFIELD. No.

Mr. ALLEN. Did he explain this?

Mr. STANSFIELD. No. I talked to him and he was unable to give any relevant information whatsoever.

Mr. ALLEN. What size man was he? Was he big enough to give trouble?

Mr. STANSFIELD. No; he was rather slight build; a World War II man; I should say about 145 or 150 pounds.

Mr. McQUEEN. Was he committed there?

Mr. STANSFIELD. That I could not say.

The same patient on January 30, 1945, while giving him a bath, this same attendant Griffin endeavored to hold this patient in a shower

room, and sometime later the undercover man saw the patient coming out of the shower room rubbing his jaw which was slightly swollen.

There was no other witness, and I was unable to secure Attendant Griffin's confession to all of these things.

Mr. ALLEN. Is it not rather striking that no person in authority in the hospital saw any of this going on? That nobody saw it and protested and stopped it?

I am not questioning that it went on all right.

Mr. STANSFIELD. My only explanation for that is that these things do not occur in the presence of doctors or nurses. These attendants are very careful about the time and the manner in which they inflict this punishment.

Usually, they do not do it in front of other patients. If they have something against the patient, they usually take him in a shower room or dressing room and lock the door.

And usually, it has been my experience they try not to leave any marks.

They will punch him with an elbow not to leave any marks.

So, it is not strange when you know the conditions that the doctors and nurses do not know it.

Mr. KEARNEY. Well, there must have been some report made, and yet that man is kept on duty.

Mr. STANSFIELD. As I say, there have been reports, but without this undercover work—even we, as investigators, have considerable difficulty.

Mr. KEARNEY. That is what I am getting at. Even when these cases were reported, still these attendants were kept on duty.

Mr. STANSFIELD. They were not kept on duty.

Mr. KEARNEY. Griffin was.

Mr. STANSFIELD. That had not been reported at the time we put undercover men in there on duty.

Mr. KEARNEY. By nobody?

Mr. STANSFIELD. By nobody. Even when these investigators go in there these attendants will not tell on each other; they will not give information.

Mr. KEARNEY. I can understand that all right.

Mr. STANSFIELD. The code is, they will not "peach" on each other. They do not want it known—they do not want to be known as a "stool pigeon." And they always make the stories that the injury has been inflicted by another patient.

We have had them report that patient was injured in a fight with another patient, and we have found it was inflicted by an attendant.

But those are the conditions with which we have to cope.

This same patient on January 30, the same day—about noon—it was necessary to put this patient in restraint to tube-feed him which was necessary for every meal. He refused to eat.

Private Sanders, a colored soldier, used a towel to choke the patient into sufficient submission, and was urged to do so by Private Hamilton, another colored soldier.

Another report, on January 31, 1945, at 9:10 a. m., attendant pushed patient into a dormitory and locked him in to keep him out of the way while changing linen; the patient got away—he broke away and ran to the door, where Griffin overtook him and threw him to the floor.

While he was on the floor, Griffin kicked him twice on the left shin, causing bruising to his shin.



Mr. Griffin then produced from his pocket a hand towel and forced the patient to a bed.

On January 31, 1945, when attending to him this patient put up a struggle and at that time Attendant Griffin choked the patient with a towel into submission.

Mr. KEARNEY. How long has Griffin been an attendant at this hospital?

Mr. STANSFIELD. He had been there 3 or 4 years prior to this war when he went into the service and came back and had been back several months, less than a year, I think.

The CHAIRMAN. What penalty did they impose on the men who were court-martialed?

Mr. STANSFIELD. I do not have the information on all of the cases. I attended the court martial of nine of the soldiers who were tried, and I have only hearsay information as to what sentences were given.

The CHAIRMAN. What was that?

Mr. STANSFIELD. That was that one private was sentenced to 6 months and loss of pay of \$18 a month for a like period.

The CHAIRMAN. In the jail?

Mr. STANSFIELD. In the courthouse there.

Mr. KEARNEY. That was a summary court?

Mr. STANSFIELD. There were two privates on which the evidence was more or less circumstantial. Those privates were acquitted.

The CHAIRMAN. Was this other Negro an officer?

Mr. STANSFIELD. No; they were two private soldiers.

In that case, it was the case of abuse while I was there on the station making an investigation, in which the patient was severely beaten with a rubber hose.

As I stated before, as usual in those cases, they took him in a shower room and locked the door, and it was a couple of days later—he apparently was a patient who some days was in good condition and the next day would not be able to tell you anything.

A couple of days later he told the nurse and showed the bruises and marks on his body, at which time he said that Private Carey had beaten him with a rubber hose.

The only other evidence we have was that the nurse had gone to the door and found it locked and opened it up and found these two soldiers sitting on the floor. They claimed they had attempted to change his clothing and he had put up a fight, but I saw the bruises on this patient and it was evident he had been beaten with a rubber hose.

The CHAIRMAN. You say these attendants have an understanding not to tell on each other?

Mr. STANSFIELD. That is right.

The CHAIRMAN. Do they keep information from the manager in that way?

Mr. STANSFIELD. Yes, sir; they keep it from anyone, the nurse or doctor or anyone else.

The CHAIRMAN. Did you find any evidence that Dr. Verdel knew of this treatment?

Mr. STANSFIELD. No, sir; no evidence whatsoever.

On the contrary, I felt that Colonel Verdel was cooperating in every possible way with me; he was equally as anxious as I was to develop the evidence; he came to me many times with information he thought

would be of help to me in developing these facts and did everything possible.

The CHAIRMAN. I think your undercover-man system is a very good one. Are you doing that in all hospitals where you have information?

Mr. STANSFIELD. I do not know what the administrative policy is or will be.

Mr. KEARNEY. It makes it rather tough for an individual who is in charge of the hospital or any other institution, because he is responsible for what goes on in a hospital.

Mr. STANSFIELD. Yes; theoretically, he is responsible, and yet I do not know how he can possibly know when we investigate and go there purposely to find it out and have such difficulty.

The only way it could possibly come to the attention of the office is where the patient receives some injury or some mark.

The CHAIRMAN. Would you say, according to your information and your judgment, that Colonel Verdel is not responsible for any of this mistreatment?

Mr. STANSFIELD. I do not say that he is not responsible for it. As manager, he is thoroughly responsible.

The CHAIRMAN. But you say he had no way of knowing that?

Mr. STANSFIELD. I do not think he did. I have no evidence whatsoever to indicate——

The CHAIRMAN. Now you say these people who were guilty have all been court-martialed or are being prosecuted?

Mr. STANSFIELD. That is right.

The CHAIRMAN. And you are giving the same information on these cases that Dr. Verdel gave today?

Mr. STANSFIELD. Yes.

The CHAIRMAN. So far as I have been able to gather up to date, you are merely giving the information that Dr. Verdel gave this morning. The thing I was interested in knowing was whether or not the doctor, Dr. Verdel, was in any way responsible, in your opinion, for any of this mistreatment, or whether, since he found it out, he has done everything he could to put a stop to it.

Mr. STANSFIELD. It is my own personal opinion that Colonel Verdel has done everything in his power.

The CHAIRMAN. Have there been other cases in other hospitals of abuse such as has happened in Northport?

Mr. STANSFIELD. Not on the scale as has happened at Northport.

Other hospitals do not have as many patients as Northport, or as many colored soldiers for attendants.

Mr. KEARNEY. But there have been other instances?

Mr. STANSFIELD. Yes.

Mr. KEARNEY. Have under-cover men gone into those hospitals?

Mr. STANSFIELD. Yes, sir.

Mr. KEARNEY. Are they in there now?

Mr. STANSFIELD. Yes, sir.

Mr. KEARNEY. So that abuse of patients happens not only at Northport but at other hospitals?

Mr. STANSFIELD. It certainly is not confined to Northport.

Mr. KEARNEY. How many hospitals?

Mr. STANSFIELD. I can only say as to those investigated myself. One at Lyons, N. J., I participated in the investigation, and also at Chillicothe, Ohio, from where I have just returned.

Mr. KEARNEY. Is there a veterans' hospital at Perry Point?

Mr. STANSFIELD. Yes, sir.

The CHAIRMAN. That is in Maryland?

Mr. STANSFIELD. Perry Point, Md.

The CHAIRMAN. Chillicothe, Ohio, is where we had some friction, also, because of throwing white and colored patients together; is that right?

Mr. STANSFIELD. No, sir.

Mr. McQUEEN. Is this the only hospital in which there have been colored troops assigned, to your knowledge?

Mr. STANSFIELD. No; many other hospitals have had colored troops. I am not informed as to just which ones.

Mr. McQUEEN. As attendants?

Mr. STANSFIELD. As attendants.

Mr. McQUEEN. Has that been the general practice of the Army in regard to requested troops to be assigned? To assign colored troops?

Mr. STANSFIELD. That has been my understanding. However, there are some of our hospitals with white soldier attendants, but I understand the Army has told us on occasion that they did not have sufficient white troops.

Mr. McQUEEN. Do you know of any, other than the instance that you have mentioned in this hearing, where there have been conscientious objectors assigned, except at one hospital?

Mr. STANSFIELD. I know of no other except Lyons.

Mr. McQUEEN. Were you there, during the time of their tour of duty there?

Mr. STANSFIELD. Well, I took over in the latter part of that investigation. Another investigator had begun it, and I went there to assist him in cleaning it up.

Mr. KEARNEY. Is that the Hegler case?

Mr. STANSFIELD. Yes.

Mr. KEARNEY. He was not involved in the case of abuse of patients? His was an A. W. O. L. case?

Mr. STANSFIELD. Right. I might add that he acted more or less as an undercover man, in that he was able to give dates and names that we could work from.

Mr. KEARNEY. Hegler?

Mr. STANSFIELD. Yes.

Mr. KEARNEY. Did you get information from his records that he kept from day to day?

Mr. STANSFIELD. Yes.

Mr. KEARNEY. Did you see those records as published?

Mr. STANSFIELD. No.

Mr. KEARNEY. That is, transcripts of them as published.

Mr. STANSFIELD. The only contact I had with him—I took his testimony and had him detail this information from his notes.

I did not see any published notes.

The CHAIRMAN. Then through these undercover agents you have been able to clean up this mistreatment at this Northport Hospital?

Mr. STANSFIELD. Yes.

The CHAIRMAN. Do you think the same procedure would work in other hospitals where there is mistreatment of servicemen?



Mr. STANSFIELD. Well, it may or may not. With the publicity it is becoming well known that undercover men are being employed, and I think the attendants at these hospitals are getting onto it.

Mr. KEARNEY. You mean there will be less abuse then?

Mr. STANSFIELD. There will not while the under-cover men are on the station.

The CHAIRMAN. Maybe it is because this grand jury is in session.

Mr. McQUEEN. Did you find at Lyons the situation was—did you find some conscientious objectors there, or was as bad or equal to the condition at Northport?

Mr. STANSFIELD. As I say, I took only the very small part—I took only a little part in that investigation.

From what I know of it, there was not as much or as widespread abuse as there was at Northport.

Mr. McQUEEN. What was the attitude of the conscientious objector to the patient in the hospital? What was his general attitude?

Mr. STANSFIELD. Most of them were well educated; some of them college graduates, and many of them expressed the opinion that they do not have to manhandle these patients; they found they could get better results by talking to them reasonably.

Mr. McQUEEN. Now, what was the general attitude of the troops assigned to Northport then as contrary to that, if it was contrary?

Mr. STANSFIELD. Well, of course the soldiers employed, the colored soldiers, were not on the high mental level of these conscientious objectors, and you could not get any reasoning out of them, one way or the other, or what they thought about it. They merely denied that they ever mistreated them; would not admit anything.

In fact, most of them refused to testify until they were told to do so by the commanding officer.

Mr. McQUEEN. Do you mean Dr. Verdel, or their commanding officer?

Mr. STANSFIELD. No; their commanding officer.

Mr. KEARNEY. Does the manager have much control over them?

Mr. STANSFIELD. That, in my opinion, was one of the reasons in Northport, the lack of discipline.

Mr. KEARNEY. That is, the lack of discipline from the Army personnel.

Mr. STANSFIELD. Yes.

The CHAIRMAN. And not from the manager of the hospital?

Mr. STANSFIELD. No, sir.

The CHAIRMAN. But the Army officer in charge of these soldiers assigned to the hospital?

Mr. STANSFIELD. That is right.

The CHAIRMAN. Who was in command of them?

Mr. STANSFIELD. There was a captain, Captain Hatton, in charge at the time I was there.

The CHAIRMAN. A white fellow?

Mr. STANSFIELD. Yes.

The CHAIRMAN. Were there any Negro officers?

Mr. STANSFIELD. No commissioned officers.

The CHAIRMAN. Was Hatton the only commissioned officer there?

Mr. STANSFIELD. There were two lieutenants.

The CHAIRMAN. Who were they?

Mr. STANSFIELD. Lieutenant White. I do not recall the other name.

The CHAIRMAN. Have they been court-martialed?

Mr. STANSFIELD. No, sir.

Mr. McQUEEN. Any charges preferred against them?

Mr. STANSFIELD. No.

The CHAIRMAN. Why not?

Mr. KEARNEY. I think the testimony showed today either one or both of them were on their way out.

Mr. STANSFIELD. Captain Hatton, I understand, was a Regular Army man and he went to the hospital shortly after I commenced my investigation with some heart trouble, and that he was to be certified from the Army.

From my investigation, I could not go into the question of the Army and the discipline in that connection.

Mr. KEARNEY. It is rather unusual to put Regular Army officers in a job like that.

Mr. STANSFIELD. Well, I think he was an enlisted man for a number of years and promoted during the emergency.

I had the definite impression he was afraid of these men; he was too lenient with them when the soldiers refused to testify.

In one instance, in my presence I requested the private to come in and sign his testimony and the captain spent about 10 minutes asking and pleading with this soldier to sign his statement.

The CHAIRMAN. Did he have the right to command him to sign it?

Mr. STANSFIELD. That I do not know, but his general attitude was such as not to command respect from his men.

The CHAIRMAN. Now, from your testimony it seems to me that there was one of the weaknesses of the situation up there.

Mr. STANSFIELD. Another thing I would like to bring out with the majority of these colored soldiers there, the white personnel, the nurses and the white attendants, I detected a definite fear on their part of reporting any delinquencies on the part of these colored soldiers.

The CHAIRMAN. Why?

Mr. STANSFIELD. Because they were afraid the soldiers would way-lay them.

The CHAIRMAN. Because they were not protected from them?

Mr. STANSFIELD. Yes.

The CHAIRMAN. In other words, they had a lot of white men who were not protected from these colored soldiers?

Mr. STANSFIELD. That is right.

The CHAIRMAN. And they had a lot of Army officers up there, they might as well have been in Kalamazoo as far as compelling obedience on the part of these colored soldiers that they had to court martial?

Mr. STANSFIELD. That was my impression.

The CHAIRMAN. Any other questions?

Mr. KEARNEY. I understand that those records there, those two volumes, are going before the district attorney's office.

Mr. STANSFIELD. The facts have been presented to the United States attorney, and he has been told the records would be made available at any time he wanted them.

Mr. KEARNEY. Well, these cases are not going to be dropped, are they?

Mr. STANSFIELD. That I do not know.

Mr. McQUEEN. Well, may I state for the record, that I had a call this afternoon that the United States attorney for the second district had requested these files as soon as possible, and that the new United States Attorney General had requested that they be forwarded to his office without delay.

That is the reason I wanted to get this testimony today.

Mr. KEARNEY. Forwarded to his office in Washington?

Mr. McQUEEN. Yes.

The CHAIRMAN. I want to know who was responsible for those soldiers in the hospital?

Mr. STANSFIELD. That I do not know.

The CHAIRMAN. I want to know who was responsible for these officers they sent up there.

Mr. STANSFIELD. As I say, I did not go into the question of the Army discipline.

I did not go into anything of that kind. I don't know who was responsible for it.

Mr. KEARNEY. You will probably be told it was a routine transfer.

The CHAIRMAN. We have the right to summon anybody from the Secretary of War on down. There is a lot of stuff going on that is absolutely inexcusable and it is not the prerogative of this committee to sit here and see them unload it on somebody else.

Mr. KEARNEY. Mr. Chairman, the type of personnel—I do not include only the physically unfit but those who have this duty, their transfer to veterans' hospital is wrong.

Now, it seems to me there should be some sort of screening process where they could obtain volunteers to assist in this emergency.

There are a lot of men who have been in combat and have lost an eye—and to send a lot of men like these with one eye is unfair, not only to the veterans of this war but to the veterans of the other war.

The CHAIRMAN. I will go a little further; it is absolutely a disgrace for the War Department to send a lot of Negro troops up there and mix them up with a lot of white nurses and put a lot of white patients at their mercy and not send someone up there to enforce discipline and protect these people.

Mr. KEARNEY. That is probably why the officers were sent up there, because they were no good any place else.

The CHAIRMAN. Well, we should look into that. We should find out who in the War Department is responsible for that misconduct.

Mr. KEARNEY. The thing I am concerned about now is whether these 7 men—these attendants—I hope that the Attorney General's office follows this up. They should be indicted.

Mr. McQUEEN. Can you give us the names of these seven attendants?

Mr. STANSFIELD. Yes.

Mr. McQUEEN. Put their full names in the record.

Mr. STANSFIELD. Robert B. Lysinger, Emmett J. Griffin, Edward J. Schuh, Henry Stelljes, George F. Wolzworth, William Matson, and Eric Kastick.

Mr. McQUEEN. Those are all white attendants?

Mr. STANSFIELD. All whites.

Mr. McQUEEN. And all of them had been with the Veterans' Administration for a number of years.



Mr. STANSFIELD. Not all of them. Most of them.

The CHAIRMAN. Have you checked up on those three officers up there, that captain and those two lieutenants that were sent to that hospital?

Have you checked on their previous records?

Mr. STANSFIELD. No, sir.

The CHAIRMAN. Do you know how long they have been in the Army?

Mr. STANSFIELD. No; I do not, except Captain Hatton told me he had been in the army for 21 years.

The CHAIRMAN. Captain Hatton had been in for 21 years. How long had those lieutenants been there?

Mr. STANSFIELD. I do not know.

The CHAIRMAN. You should find that out and, if they are newcomers, you ought to have the FBI check into their records.

There is no use of hesitating when it comes to investigation of misconduct of men on the Federal pay roll, and especially when insane patients are made to suffer as a result.

There has just been too much laxity on the part of the War Department in assigning people irresponsibly into the Army here lately, over the protest of Congress, and it seems to me the War Department was extremely derelict in not furnishing officers to command those men up there, and to see that they enforced discipline.

It is one of the few times that I have ever known of the Government having to send out undercover men to find out what was going on with armed troops, with commissioned officers in charge of them. I do not believe I ever heard of such a thing before.

Did you, Colonel?

Mr. KEARNEY. I was just thinking over the situation here and I can see lots of reasons for it existing.

I know how these old soldiers and this captain of this outfit—that was just another detail to them; the captain had nothing to do except take care of the records.

Because the men were engaged in their duties in the hospital, they did not do any field work, did they?

Mr. STANSFIELD. I think they were required to do an hour a day of calisthenics, or something of that nature.

Mr. KEARNEY. Now, let us see what the Attorney General's office does with these cases.

The CHAIRMAN. Gentlemen, any other questions?

Well, thank you very much, and we will reserve the right to call you back if necessary.

Mr. KEARNEY. There is a witness here who says he has some information on Perry Point.

The CHAIRMAN. We are going to have some witnesses on Perry Point.

Mr. KEARNEY. There is one here in the room.

The CHAIRMAN. Well, I am not going to take that up this afternoon. It is pretty nearly 5 o'clock.

Mr. McQUEEN. I would like to introduce into the record—here is some correspondence between Mr. Ramspeck and General Hines in regard to the civil-service situation and the efforts that have been made to build up—to fill these places, running through May and June 1945.

It will probably be enlightening and I will put it in the record.

(The correspondence referred to follows:)

JUNE 13, 1945.

Hon. ROBERT RAMSPECK,  
*House of Representatives, Washington, D. C.*

MY DEAR MR. RAMSPECK: This has reference to your remarks before the House of Representatives when H. R. 3118 was considered on June 4. There is given below a history of some of the developments that have caused difficulties with reference to recruitment and retention of personnel.

In February 1942 the Bureau of the Budget established a priority for employment purposes among Federal Government agencies and at that time the Veterans' Administration was placed in priority class V, the lowest possible rating. The personnel problem of the Veterans' Administration very quickly assumed proportions potentially serious in character. Request for transfer of employees increased sharply and the Administration was unable to prevent such losses in personnel. The Administrator of Veterans' Affairs made urgent appeals to the Director of the Bureau of the Budget and on April 7, 1942, those functions of the Veterans' Administration associated with national service life insurance activities were placed in priority II. This action was of very little assistance and served to complicate administration as related to personnel. In August 1942 a class IV priority rating was given to three units, a class III for one unit, and class II was retained for National Service Life Insurance activities. The units so recognized were comparatively small in relation to total personnel strength. On December 24, 1943, the Administration finally secured recognition as a war agency from the Bureau of the Budget and was given a priority rating of class I.

Another complicating factor in the Administration's personnel problem has resulted from directives of the War Manpower Commission. Under these directives all Government departments and agencies, including the Veterans' Administration, were placed in category 5. After an appeal to the Commission, certain functions of the Administration were placed in category 3, which represents the highest possible authority for clerical-administrative positions in the Federal Government. This category rating was confined to central office clerical-administrative positions whereas the Administration requires personnel for other than clerical and administrative duties in central office, not to mention the field service; category 5 was continued for all other positions. However, in some instances the field offices of the War Manpower Commission recently have given favorable consideration to requests from the Administration for assistance with reference to certain types of positions in hospital services in order to staff additional beds. This action, however, could not enable the Administration to compete with wage differentials and other factors governing the choice of jobs by prospective employees.

The enactment of section 100 of Public Law 346, Seventy-eighth Congress, June 22, 1944, removed any doubt as far as legislation is concerned as to the Veterans' Administration being a war agency and gave full recognition to the importance of its functions. In actual operation, the Administration has reason to believe that, notwithstanding this legislation, it has not been accorded the priority intended by the Congress, and most certainly prior to that time, appropriate recognition was not accorded. Because of the tremendous increase in the volume and character of its work, the fact that proper recognition was not given the Administration has served directly to complicate its numerous problems. In this connection, it must be borne in mind that the work load of this agency has increased 300 percent during the past several years.

Throughout the emergency, the Administration has striven to acquaint the Civil Service Commission with a proper recognition of its recruitment problem. There have been numerous conferences with representatives of that agency concerning this subject typical of which were those held in the office of the President of the Commission on February 25 and November 5, 1943. On June 27, 1944, Mr. Mitchell and two members of his staff attended a conference held in this office in connection with the Administration's recruiting difficulties. In addition, there have been many appeals in writing on this general subject, illustrative of which are the attached letters, marked "Exhibit A."

It being apparent in May 1943 that the Civil Service Commission could not meet the demand for clerical personnel (clerks, typists, and stenographers), it became necessary to supplement efforts by recruiting employees through the

Administration's field offices. Since that time approximately 1,400 employees have been obtained through these methods. In response to a request from the Administration the Commission in June and November 1944 granted authority to appoint clerical employees (clerks, typists, and stenographers) on a temporary basis for assignment in central office by making local selections due to the Commission's inability to meet our demands. The exact number of employees appointed under this authority is not readily available, but it is estimated that 900 appointments have been made.

The lag in recruitment for clerical positions in central office became so pronounced in March of this year, arrangements were made to designate one person at each of our field offices east of the Rocky Mountains to assist in recruiting and one liaison representative for each civil-service region who, in conjunction with the Civil Service representatives and with the approval of the Commission, are making a concerted effort to fill quotas set up for central office clerical personnel. They have visited high schools, business schools, colleges, clubs, churches, etc.

As you must be aware, the Administration requires personnel in almost every grade, class, and type of work. It requires personnel in every State in the Union and particularly in areas such as Detroit, San Francisco, and Los Angeles, where the manpower shortage has been most acute. As of April 1, 1945, the number of vacancies by classification services were:

#### *Service*

Clerical, administrative, and fiscal.....	5, 886
Professional and scientific.....	<sup>1</sup> 2, 959
Subprofessional.....	<sup>2</sup> 5, 026
Crafts, protective and custodial.....	<sup>2</sup> 2, 329

<sup>1</sup> This is offset by approximately 2,000 commissioned officers of the Army and Navy.

<sup>2</sup> In the subprofessional and crafts, protective and custodial services are hospital attendants, mess attendants, and laborers. The vacancies in these civilian positions are offset to an appreciable extent by approximately 6,500 enlisted men of the Army serving at the attendant level at 50 stations and approximately 1,200 prisoners of war at 17 of our hospitals. This number of enlisted men does not represent replacement for the same number of employees in regular positions as it has been necessary to request the detail of limited service enlisted men in the ratio of about two soldiers to one civilian employee because the soldiers have to drill, maintain their paper work, etc.

Under the budget for the fiscal year ending June 30, 1946, several thousand additional positions are provided and this agency will be confronted shortly with the resultant recruitment problem in filling these jobs.

In the course of your discussion concerning the provisions of H. R. 3118, you expressed doubt as to whether everything has been done that can be done by this agency in the direction of delegating authority to field administrative officers to act on personnel problems. As indicated by the records of the Administration, many operating functions are decentralized at the present time and, in fact, considerable authority has been delegated to managers of our field stations having to do with personnel transactions. In view of the increased responsibilities placed in these managers, it is anticipated that much greater authority will be delegated to these officials in the matter of establishing and allocating new positions, effecting appointments, and other related functions. To facilitate the development of the increasing decentralization and delegation of authority to managers in personnel management matters, positions of personnel officer and assistant personnel officer have been authorized for field stations with the following job pattern:

Authorized position	Personnel officer	Assistant personnel officer	Personnel clerk
1,000 or over.....	CAF-12.....	CAF-11.....	CAF-7.
500 to 999.....	CAF-11.....	CAF-9.....	CAF-6.
Less than 500.....	CAF-9.....	CAF-7.....	CAF-5.

Qualifying experience requirements for these positions at the several grade levels are being developed with the Civil Service Commission, and stations will be furnished authority for the establishment of the positions with the possible exception of a few of the small stations where the employment of personnel officers would not be justified.



Additionally, to provide for the development and administration of this program, there is being established in the Personnel Service a Division of Field Operations and to coordinate the personnel management program in the field under the jurisdiction of the Chief, Field Operations, there is being established in each civil service region a liaison representative to represent the Director of Personnel in all personnel management matters for Administration facilities within the respective civil service regions and to maintain effective liaison between the facilities and the Civil Service Commission's regional director.

In August 1944, the Veterans' Administration advised the Civil Service Commission that all positions filled from civil-service registers for duty in the field offices should be decentralized to the regional directors of the Civil Service Commission, with the exception of the following:

Aide (all grades):	Physician (all grades).
Occupational therapy.	Readjustment allowance agent
Recreational.	(all grades).
Academic and commercial.	Senior contact representative
Attorney (all grades).	(CAF-8 and above).
Clinical laboratorian expert.	Social worker, psychiatric
Clinical photographer.	(all grades).
Dentist (all grades).	Supply officer (all grades).
Dietitian (all grades).	Deputy supply officer (all grades).
Farm superintendent (all grades).	Superintendent of laundry
Assistant farm superintendent	(all grades).
(all grades).	Assistant superintendent of laundry
Finance officer (all grades).	(all grades).
Laboratorian (SP-6 and above).	Utility officer (all grades).
Librarian (all grades).	Assistant utility officer (all grades).
Manager (all grades).	Vocational rehabilitation officer
Assistant manager (all grades).	(all grades).
Medical statistician.	Adjudication officer (all grades).
Nurse (all grades).	Assistant adjudication officer
Orthopedic mechanic.	(all grades)
Pharmacist (P&S-1 and above).	
Physical therapy technician	
(all grades).	

The Commission has since taken action to comply with the above request. There are approximately 400 different types of positions authorized for the field stations, and of this number some 32 are centralized—requiring central office administrative action.

During the period from January 1, 1945, to the close of business May 31, 1945, 10,136 personnel actions were processed in central office, including central office and the field. It is estimated, however, that approximately 25 percent of this number pertain to field personnel. It is also indicated that during a like period 38,170 personnel transactions were processed in our field offices which would indicate that this agency is processing approximately 94 percent of all personnel actions at the field stations.

It has been represented that the provisions of H. R. 3118 would have the effect of retarding rather than facilitating the filling of vacancies in the Veterans' Administration. In August 1942, the Civil Service Commission authorized the Administration to appoint nurses without the prior approval of the Commission. Since the receipt of this authority, approximately 4,100 nurses have been appointed, and it is estimated that less than 1 percent of this number were secured from civil-service registers. In September 1942, a request was made of the Commission that central office be furnished 75 CAF-2 stenographers by direct recruitment. In January 1944, 47 stenographers had been furnished, and at the request of the Commission at that time this standing order was canceled and a new request was made for 100 stenographers, and by April 1945, 31 stenographers had been furnished. Also in January 1944, a request was made for 100 CAF-3 stenographers by direct recruitment, and as of April 1, 1945, 46 had been furnished.

Your statements indicating that the Administration has authority to fix pay scales for positions in the field service in accordance with the Executive order have been noted. It is believed, in this connection, that possibly you were confusing the authority of the Veterans' Administration with that which may obtain in other departments or independent establishments. The fact is

that as far as this agency is concerned, it has no authority to allocate positions to classification grades and establish pay rates other than in accordance with the principles embodied in the Classification Act of 1923, as amended. There is a long line of Comptroller General's decisions indicating in effect that the principles of classification require that duties and responsibilities of field positions be allocated as far as may be practicable in the same manner as those existing in the departmental service.

As to whether the Administration is providing more adequate transportation facilities for its employees who are required to travel a considerable distance in order to work at its facilities, you are informed that five or more field stations have been authorized to use Government-owned automotive vehicles for employees of the Veterans' Administration in the absence of adequate public or private transportation under the provisions of Public Law 170, Seventy-eighth Congress. Under this law, the authority granted the Administrator of Veterans' Affairs may be exercised with respect to any station only after determination by the Office of Defense Transportation that existing private and other facilities are not and cannot be rendered adequate by other means, and that its exercise will result in the most efficient method of supplying transportation to the personnel concerned and a utilization of transportation facilities consistent with the plans, policies, and purposes of the Office of Defense Transportation.

Generally speaking, it is felt that quarters constructed at the facilities of this agency meet the acceptable standards for housing of this kind.

This information is furnished you in order that you may be fully advised with regard to the Administration's over-all personnel activities, with particular reference to its need for personnel to fill existing vacancies.

Very truly yours,

FRANK T. HINES, *Administrator.*

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(EXHIBIT A)

MAY 8, 1944.

Hon. HARRY B. MITCHELL,

*President, United States Civil Service Commission,  
Washington, D. C.*

DEAR MR. MITCHELL: I feel that it is necessary again to present for your consideration the personnel requirements of the Veterans' Administration and the recruitment problem which has been the subject of discussion with members of the Commission and the staff representatives of your agency on many occasions in the past.

I am informed that on or about March 1 of this year the Commission issued instructions to its several regional directors to inaugurate an all-out recruitment program calculated to meet the existing needs of the Veterans' Administration for clerks, stenographers, and typists, particularly for those units of organization within the departmental service. Our records indicate that during the month of April, 38 clerks, 19 typists, and 10 stenographers were appointed to positions in our central office here.

At this time vacancies in positions in the categories mentioned are substantially in excess of 500 in number. In our New York branch office (departmental service) vacancies in positions of the same types approximate 800 in number.

It is clearly evident that steps must be taken at once to fill all of these positions if work arrearages are to be cleared and if we are to maintain our work on a reasonably current basis. It is believed that you will agree that our progress in meeting this problem has not been encouraging and that it is imperative that effective steps be taken in the matter.

If it is equitable to assume that existing recruitment methods and policies of the Commission have not brought the desired results, then it would seem in the light of conditions that we should resort to new and different methods through which we might attain the desired objective.

It is known to this office that we are not utilizing the services of persons in this city who are qualified to perform clerical tasks acceptably, who have a sincere interest in contributing something to the war effort, who seek temporary or duration appointment only but who will not take a regular examination such as it currently required by the Commission. It would appear that immediate

consideration should be given to the adoption of some rule by which the abilities of these persons might be used through permitting their appointments on a purely temporary basis if necessary, without written tests. Your careful consideration and adoption of this suggestion is strongly recommended.

This subject is one most critical in character and some positive action must be taken at once if we are to avoid the development of a most embarrassing situation. An early response to this letter will be appreciated.

Very truly yours,

FRANK T. HINES, *Administrator.*

JUNE 12, 1944.

Personal and confidential.

HON. HARRY B. MITCHELL,

*President, United States Civil Service Commission,  
Washington 25, D. C.*

MY DEAR MR. MITCHELL: I have addressed two letters recently to you concerning the personnel requirements of the Veterans' Administration. As its Administrator, I feel it my personal responsibility to take this up with you again with a view toward having some steps taken whereby satisfactory stenographers, clerks, and typists may be furnished so that our work may be accomplished.

My letter to you of May 8, stressed that existing recruitment methods and policies had not brought the desired results and that we should resort to new and different methods. It was suggested that those persons in this city who seek temporary or duration appointments by given appointments purely on a temporary basis without written tests, the idea being that the Veterans' Administration would recruit these persons. The reply to this letter of May 26, gave no support to this idea, or suggestion to relieve our critical situation except through direct recruitment, which has proved altogether unsatisfactory for the Veterans' Administration by reason of the type of persons generally sent by the Commission to fill our positions, which has made it absolutely necessary for us to discontinue requests for direct recruiting.

On May 12, I requested authority of you to send representatives to the local high schools to contact graduates or students interested in Government employment. Your reply of May 24, again said that we could not resort to positive recruiting, but that it would be necessary for us to subscribe to direct recruiting, the probability being that we could secure the services of some of the persons recruited from the local high school.

The situation in the Veterans' Administration is most critical. We have approximately 700 vacancies in typist, clerical, and stenographic positions in central office in Washington and are confronted with a tremendous load of work relating to veterans of all wars, including World War II, such as hospitalization, compensation, pension, rehabilitation, and insurance. We have priority classification No. 1, but I do not believe that our requests for appointees have been treated accordingly. We have not been sent sufficient personnel or the quality of persons that we may rely on to accomplish our work. We are next only to the War and Navy Departments, and it is believed that you will agree that we must and should have relief by securing appointees and those of the right type. Our present situation parallels that of our hospital-attendant situation when the Commission could not furnish useable recruits for attendant positions. The situation became so critical we found it necessary after long discussion with the Commission and delay that led us into a most dangerous position, to go to the President to get details of limited-service men. As you know, this authority was granted; we now have soldiers on duty at 25 stations with troops approved for 5 other stations. It occurs to me that consideration may be in order at this time to request extension of these details to our clerical work, or perhaps to supplement them with Wacs and Waves.

I would appreciate your giving this matter your personal attention and talking with me or with official representatives that I may designate, for the purpose of considering it according to its seriousness and potential consequences, with a view toward doing something that will assure the Veterans' Administration of having some way of securing properly qualified appointees. I would be remiss in my duty if I did not insist that the situation be corrected. I know that



there are other agencies in Washington to be served, but at least I must see that the Veterans' Administration secures personnel or help in some way; I must assure utmost effort and more direct methods and procedures if necessary for effectiveness and results.

The issue might be met without conference or further contact if you would give immediate authority for the Veterans' Administration to follow the methods of positive recruiting for stenographers, clerks, and typists, thereby allowing us to see if through this means the situation may be relieved, and also to issue temporary appointments without time limit and without written tests, if we deem this expedient or necessary. In requesting this, I have in mind that it also should apply to the New York branch of central office, where we also have approximately 700 vacancies and where the results of direct recruiting have been equally unsatisfactory and disappointing.

I would appreciate your prompt attention to this request. Inasmuch as the matter has been up before, and since our position is critical, I am wondering if you would let me have your reply immediately.

Very truly yours,

FRANK T. HINES, *Administrator.*

AUGUST 1, 1944.

Personal and confidential.

HON. HARRY B. MITCHELL,

*President, United States Civil Service Commission,  
Washington 25, D. C.*

MY DEAR MR. MITCHELL: I have received your letter of July 21, in which reference is made to the conference held in my office on June 27, when our recruitment problem was discussed in some detail.

The statements contained in that communication relating to the major points covered at the conference have been noted. It is believed, however, that certain conclusions reached therein are such as to require clarification in order that the record may reflect precisely what has transpired in relation to this general subject.

Immediately after our meeting, instructions were given to request certification of the names of eligibles to fill approximately 109 clerical jobs. As the records of the Commission will show, we had been engaged in an intensive recruiting program in cooperation with the Commission since February 1944 to fill our clerical positions, the favorable results of which were evidencing themselves at that time. For the period dating from May 1, 1944, through July 24, 1944, we appointed 722 new employees; 443 clerks, 198 typists, and 81 stenographers. Many of these employees were obtained through our field recruitment program, which has proven quite effective in the past few weeks.

As to the certificate of 200 names of eligibles for appointment as clerk, it is desired to state that action had been initiated to make tentative selection of 68 of these persons. This could not have been accomplished, however, without similar action having been taken in the cases of a large number of other eligibles of a type considered unsuitable for assignment and who were representative of approximately 50 percent of the total number certified. Regardless of the necessity prompting the certification of these persons, the Veterans' Administration is not in a position to add any additional number to its rolls at this time.

With reference to the requests made for individual certification in nine cases, which were submitted subsequent to July 12, these represented well-qualified applicants who had manifested interest in employment and whose cases were submitted for testing with a view to their ultimate certification for appointment at a later date.

In the matter of the authority given the Administration to recruit stenographers and typists without prior approval of the Commission and in answer to your specific inquiry, you are informed that between June 29 and July 25 we recruited 5 stenographers and 31 typists whose services thus far have been satisfactory. In relation to this it is noted that question is raised as to necessity for a testing procedure in the light of representations previously made that "one of the main difficulties in recruiting was the reluctance on the part of many desirable candidates to participate in a written examination." First, it should be stated that when this statement was made the discussion was confined exclusively to clerks and not stenographers and typists. As this office understands the situation, this special authority was granted because the Commission is not

in a position to meet our needs for stenographic and typing personnel. When the suggestion to which reference is made was presented, the Commission was unable to certify clerks of good quality in any appreciable number. Now it is in a position to do so and therefore there remains no sound reason for resorting to unusual methods to fill our clerical jobs. Obviously, unless some tangible evidence is present showing that an applicant has the ability to take and transcribe shorthand and to operate a typewriter, some device must be used to determine his abilities in this regard; not necessarily to find the degree of his skill but to learn whether he has sufficient ability to do the job in a satisfactory manner. Certainly, it would seem there could be no logical objection to such procedure under existing conditions.

In the matter of obtaining multigraph or multilith operators, it is true that formal requests for certification have not been made for many months. Such requests have not been made because it was clearly understood from periodic telephone contact with the Commission that no eligibles were available, and under these conditions of course no purpose was to be served in presenting formal requests. Wherever names of eligibles have been given, the Administration either formally or informally, appropriate action has been taken to determine their availability but without favorable results.

It is to be noted that only a few days before our meeting the urgency of this matter became such that managers of several of our field stations were requested to obtain multigraph and multilith operators for assignment here. It was not known at that time what the results of this action would be. It did develop, however, that the services of a number of operators were obtained, and, therefore, further assistance in this regard and at this immediate time will not be needed.

With reference to the training phase of this matter it is pointed out that whenever suitable material is available, steps have been taken to provide training facilities to meet our need for operators. Likewise, it is expected that plans will be completed looking toward the training of disabled veterans in this job and many others pursuant to the provisions of Public Law 16, Seventy-eighth Congress.

It is recognized that the Commission is desirous of assisting this agency in meeting its many existing problems in the field of personnel administration. It does have problems of recruitment most extensive and serious in character and this point is definitely emphasized. However, insofar as the recruitment of clerks and typists for our Washington office is concerned a marked improvement has been shown during the month of July.

The continued cooperation of the Commission with respect to this subject is appreciated.

Sincerely yours,

FRANK T. HINES, *Administrator.*

MAY 12, 1945.

Hon. HARRY B. MITCHELL,  
*President, United States Civil Service Commission,*  
*Washington 25, D. C.*

MY DEAR MR. MITCHELL: The authority granted in the Commission's letter of June 29, 1944, pursuant to which the Veterans' Administration has been recruiting stenographers and typists in CAF-2 and CAF-3 without prior referral to the Commission will expire as of June 30, 1945.

In the light of our continued critical need for personnel in the categories mentioned and in view of the fact that this authority has proven most helpful in our recruitment efforts, it is requested that it be extended indefinitely or until conditions are such as to insure acquiring adequate personnel through normal channels.

Very truly yours,

FRANK T. HINES, *Administrator.*

The CHAIRMAN. General, what time do you want to meet in the morning?

Mr. KEARNEY. I will not be here.

The CHAIRMAN. Well, we will meet at 10 o'clock in the morning and take these service organizations, starting where we left off yesterday, the veterans' organizations.

Mr. SCRIVNER. I would like to get that out of the way before we go into anything else.

The CHAIRMAN. All right. We will meet at 10 o'clock tomorrow morning.

Mr. McQUEEN. Service organizations.

The CHAIRMAN. Yes. We will stand adjourned until tomorrow morning.

(Whereupon, at 4:40 p. m., the committee adjourned until 10 a. m. of the following day.)

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**INVESTIGATION OF THE VETERANS' ADMINISTRATION WITH  
A PARTICULAR VIEW TO DETERMINING THE EFFICIENCY  
OF THE ADMINISTRATION AND OPERATION OF  
VETERANS' ADMINISTRATION FACILITIES**

---

**HEARINGS**

BEFORE THE

**COMMITTEE ON WORLD WAR VETERANS'  
LEGISLATION**

**HOUSE OF REPRESENTATIVES**

**SEVENTY-NINTH CONGRESS**

**FIRST SESSION**

**PURSUANT TO**

**H. Res. 192**

**(79th Congress, 1st Session)**

**A RESOLUTION TO DIRECT THE COMMITTEE ON  
WORLD WAR VETERANS' LEGISLATION TO  
INVESTIGATE THE VETERANS'  
ADMINISTRATION**

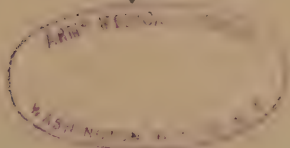
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**PART 4**

**JUNE 15, 1945**

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Printed for the use of the Committee on World War Veterans' Legislation





INVESTIGATION OF THE VETERANS' ADMINISTRATION WITH  
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COMMITTEE ON WORLD WAR VETERANS' LEGISLATION

SEVENTY-NINTH CONGRESS

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# INVESTIGATION OF THE VETERANS' ADMINISTRATION WITH A PARTICULAR VIEW TO DETERMINING THE EFFICIENCY OF THE ADMINISTRATION AND OPERA- TION OF VETERANS' ADMINISTRATION FACILITIES

FRIDAY, JUNE 15, 1945

HOUSE OF REPRESENTATIVES,  
COMMITTEE ON WORLD WAR VETERANS' LEGISLATION,  
*Washington, D. C.*

The committee met at 10 a. m., Hon. John E. Rankin (chairman) presiding.

The CHAIRMAN. The committee will be in order. While we are waiting for counsel I want to read something to the committee, and I want it to go in the record.

I have before me—and this is in connection with what has been developed in the last few days—I have before me an article from the New York Journal-American, written from Los Angeles, Calif., under the date line June 9, headed "Reds to woo vets from film capital."

It starts off by saying [reading]:

Communist infiltration in the United States and Red revolutionary militancy throughout the Western Hemisphere will establish a citadel of propaganda and action in Hollywood.

Later it goes on to say:

Spokesman for the party—  
that is, the Communist Party—

leaders in the East was Bruce Minton, associate editor of New Masses, a Red weekly that is nationally distributed, and who, with his wife, Ruth McKinney, a writer for the same magazine, is one of the Marxist doctrines most fiery advocates.

The article goes on to say that Miss McKinney then explained that the Communist Party arrived at its plan of indoctrinating American servicemen, when hundreds of crippled veterans, guests of the San Francisco Conference at the Opera House session, plainly demonstrated they were opposed to Russia and were blinded by the propaganda of antisoviet groups in the country.

That is the end of the quotation.

Those boys must be won over. If it is too late to win the veterans in our hospitals, then we must enlist those who have not as yet gone overseas, and those who are yet to return here—

she continues—

and while we are on the subject of our future program, it might as well be stated that communism has outgrown New York and its headquarters. Henceforth our activities will evolve in Hollywood, where the prestige, the influence,

and support of our comrades in the film industry will strengthen our ranks and carry our fight to people from every walk of life.

In other words, they have formulated their plan for spreading communism throughout the country, and indoctrinating the exservicemen and are now carrying the fight into the veterans' hospitals that we are now investigating, and in my opinion that is one of the causes of some of the troubles with which we are now faced.

I wanted to give you that information because it is of vital importance at this time.

By the way, in this connection, I will have the record of some of these attackers that I shall insert in this record later, and also in the Congressional Record.

All right, Mr. Kraable.

**STATEMENTS OF T. O. KRAABLE, NATIONAL REHABILITATION DIRECTOR, AMERICAN LEGION; DR. A. N. BAGGS, MEDICAL CONSULTANT, AMERICAN LEGION; CASEY M. JONES, ASSISTANT DIRECTOR, NATIONAL SERVICE BUREAU, VETERANS OF FOREIGN WARS; AND WILLIAM E. TATE, NATIONAL DIRECTOR OF CLAIMS, DISABLED AMERICAN VETERANS**

Mr. KRAABLE. Mr. Chairman, and gentlemen of the committee, at the outset may I request that where names and numbers of claims are given——

The CHAIRMAN. Mr. Kraable, before you continue, let me make this statement. There seems to have been a misunderstanding yesterday—from reading the press this morning—as to why we went into executive session.

We went into executive session because we thought that some names would be called and facts given that should not be given to the press, but, as you know, all this information went into the record, and it was decided that it was all right to let it go into the record which will make it public.

Mr. McQUEEN. No, not all of it.

The CHAIRMAN. Except the names that we struck out, the names of those patients that we thought might be embarrassed, or their people might be embarrassed if this information were made public.

Mr. KRAABLE. The American Legion observes the same code, Mr. Chairman. We would like to have the name and number deleted wherever it appears.

The CHAIRMAN. That is right.

It was not any attempt on the part of the committee to exclude the press from getting any information to which it is entitled, but Colonel Burdell asked that he be not required to give the names, lists, and so forth, to the public, but after he had gone over it we decided that with the deletion of these names of patients it was all right to let the rest of the statement go into the record and be published along with the other statement.

Mr. McQUEEN. May I suggest we would like to finish up with this today, would we not?

The CHAIRMAN. Yes.

Mr. McQUEEN. Because we are going into this legislation matter on Tuesday.

If we can take the summary of your report—I take it that your individual reports on each hospital would be somewhat of a repetition as to the general thing, so if we can take the summary of each of you, we can move along much faster.

The CHAIRMAN. Any material that you have that you want to insert into the record, just file it. In other words, we are not trying to speed things up unnecessarily, but we want to get along as rapidly as possible, as counsel has suggested.

Mr. McQUEEN. And looking forward to getting through this afternoon, on account of the legislative program next week.

Mr. KRAABE. Very well, Mr. Chairman, and counsel. I will first take up Wichita, Kans. General medical, surgical, 252; population 178. [Reading:]

THE AMERICAN LEGION,  
NATIONAL REHABILITATION COMMITTEE,  
*Washington 6, D. C.*

WICHITA, KANS., FACILITY (GENERAL MEDICAL, SURGICAL, 252 BEDS)

General complaint is that many veterans feel that they spend too much time in the receiving ward. Another general complaint is that apparently no matter how ill a man is he must answer innumerable questions on the day of admission, irrespective of the fact that they may have his case history dated back to his entrance into the military service in World War I.

We definitely feel that the standard of treatment could be considerably improved by permitting outside physicians to treat their patients in the Veterans' Administration hospitals. Also, that more consideration should be given to outside consultation in many cases. We personally feel that competency depends on salary paid. Better doctors could be secured if a higher rate of pay was inaugurated.

We believe that their lack of participation in clinical meetings is due primarily to the fact that it is not made attractive to them. In other words, we understand that only travel expenses are paid.

Food is arriving cold to some patients. Ward doctors do not see patients every day. We feel that daily contact with veterans are perhaps not doing him good medically but has a decided psychological effect on his morale. We feel the library should be opened longer hours; otherwise adequate. Periods of hospitalization are perhaps too long, because of the necessary length of time spent in receiving ward. Patients feel that they are required to remain in receiving ward too long before examinations and treatment are started. We feel this situation is due primarily to the fact that the hospital medical staff is also called upon to do all out-patient examinations and all reexaminations requested by the rating boards. We recommend separation of regional office activities from hospital activities. We feel that the regional office activities should be carried on downtown with a sufficient medical staff to conduct the average out-patient and reexamination activities, except in those cases wherein observation is required. The discipline and morale of the patients are satisfactory, except that we feel that perhaps ambulatory patients should be given a little more freedom by making downtown passes available more frequently. We feel that transportation facilities are quite adequate, except the ambulance, or ambulances, could be used more effectively by calling for emergency patients in a larger radius than present practice permits.

We feel additional beds should be made available for prospective women patients and that additional beds should be made available for emergency NP cases, but it is our understanding that certain plans have already been made to enlarge this hospital to a size which we believe will meet the requirements of a new load.

Primary reason for patients leaving hospital against medical advice is because of insufficient pension and funds to meet their current expenses at home.



We feel that the staff program of aid from Wacs trained in hospital routine would prove quite helpful. We feel that it would tend to raise morale of patients.

We believe that during hospitalization insufficient information is given a veteran concerning his condition. We think more frankness would help, except in certain cases where we realize the knowledge would be detrimental to the patient. We feel that following discharge from the hospital the average veteran has very little idea of what he should do in the future to protect his health. We feel that if he were furnished a letter explaining for what he was treated and what medication he should follow after his release, it would in many, many instances result in far less applications for readmissions. We feel the average veteran will always answer the question as to complaints negatively, because he feels an affirmative answer would result in a bad rating by the rating board. The average veteran does not complain publicly, but he rather complains privately to the service officer.

We feel that we have a Negro problem in Kansas and that adequate hospital care should be made available for them. We recommend that out-patient examinations and other regional activities should be conducted in a downtown office rather than in the hospital itself.

We definitely recommend a rotation policy. It would not necessarily have to be applied, but it would certainly be a great morale builder. In the Wichita Facility we have four doctors, namely, Dr. Hargus G. Shelly, chief, reception and out-patient service; Dr. Howard C. Curtis, senior medical officer; Dr. George K. Purves, medical officer; and Dr. J. W. Cheney, eye, ear, nose, and throat specialist, who have been on the staff at Wichita for over 20 years. We feel this is an unhealthy condition. This matter should receive immediate attention, and we are not unmindful of certain retirement possibilities.

We feel that the neuropsychiatric disabilities do not receive the attention they should by either the medical authorities or by the rating board. We feel that many NP patients should be observed by more than one NP specialist before a final diagnosis is made. We further feel that the rating for these disabilities should be determined by the entire record rather than considering the diagnosis resulting from a 5 to 25 minute examination by an NP specialist.

We further feel that far too much attention is paid to the entrance complaints of veterans who are in most instances obviously ill from a specific condition and who may have other disabilities that to him at the moment are minor and he fails to mention them. Someone should be charged with the responsibility of seeing to it that his prior diagnoses are carried forward. They do not fail to do this if a man has a service-connected compensable disability, but if he has consistently complained of other disabilities since discharge and fails to mention these upon being admitted they are frequently overlooked. I can cite many, many cases of this character. Therefore, more curiosity and a more sympathetic approach is required.

Space furnished service organizations inadequate. They should be granted space comparable to that furnished the personnel of the Veterans' Administration. These offices are now located in a very inaccessible place, that is, the basement. The lighting and ventilation are, to say the least, terrible.

P. S.—The department committee making this report has attempted to show some general and specific complaints in other fields outside of medical treatment and also care of patients. Attached herewith are exhibits of following instances:

Exhibit A. An example of noncompliance with administration instructions by an area rating officer.

Exhibit B. An example of inadequate examination by authorized medical examiners, Veterans' Administration, Wichita, Kans.

Exhibit C. Personalities versus merit.

Exhibit D. Faulty technique.

Exhibit E. Buck passing on a service-connected emergency mental case.

Exhibit F. An example wherein a veteran was accused of seeking admission to the hospital for board and room rather than because of illness, and where the records show that she was admitted immediately thereafter to a local hospital for treatment of her service-connected disability.

Exhibit G. Unwarranted amount of time in receiving ward and an apparent lack of medical examinations to determine the true condition of the veteran.

Exhibit H. One-man rule.

Exhibit I. Pure unadulterated time killing.

## GENERAL COMMENTS

After admission to treatment ward, standard of treatment is as good or better than treatment in State, county, and municipal institutions.

We believe the Wichita Facility has an exceptionally fine dietitian.

Medical equipment and clinical arrangements are satisfactory.

Cleanliness and neatness in the buildings and on the grounds, satisfactory.

Patients are not too crowded.

There is sufficient floor space for patients.

MR. SCRIVNER. Mr. Chairman, I might say in connection with that food situation in Wichita, that was discussed with the man in charge of the orderlies, and I think that program is being worked out in pretty good shape now.

MR. McQUEEN. VFW has nothing on that?

MR. JONES. I expect to report later. I would like to just put that in the record.

MR. McQUEEN. All right. In the absence of the DAV, I will see if they have got anything on General. If so, I will put it in.

MR. SCRIVNER. Mr. Chairman, I might also say in connection with Wichita, that their recommendations coincide with the general recommendation that I have made here, primarily referring to the rotation of some of these officers. As they point out in their reports, some of these men—I think Dr. Pierce, Dr. Sully, and possibly one or two others—have been in that one station for over 20 years, and the feeling is that if these men were rotated to other hospitals at fairly regular intervals, there might be some beneficial results from it.

MR. BENNETT. What is your comment on that, Doctor?

DR. BAGGS. Mr. Chairman, I would like to concur in that statement concerning the advantages of rotation in office from one facility to another, to prevent and obviate the disadvantages of long tenure of service in one place. A great many facilities have excellent managers. Other facilities are not so good.

The Army, the Navy, and the Public Health do the same thing in rotation. It is a little bit hard on the families of the personnel, especially if they had gotten rooted in some locality, but the same thing exists in the other facilities.

MR. SCRIVNER. I might further observe, Mr. Chairman, that not only in Wichita, but in other places, for instance, in one facility, the doctors have been there for 20 or 23 years.

Changes take place gradually in that time that these men do not see. They see the facility as it was and it was brand new. Not only that, but being in that same area, the same veterans often come back to that hospital. Some of them will be back 3 or 4 or 5 or 8 or 10 times, and your chief medical officer, chief clinical officer, feels sometimes—I think unjustly and unwisely—that they know exactly what is the matter with this man, so they just get the attitude, "Well, here comes Joe Doaks again."

And they do not give him the particular care and understanding that he deserves, and sometimes they may be wrong if a man is coming in with something that they do not know anything about, yet they feel positive they do.

MR. JONES. I would like to make the observation on that same subject that I concur with what Dr. Baggs has said. We always have this

difficulty, however; when there is an excellent manager on the station and he is transferred, the service organization that have had experience—in VFW we start getting all sorts of resolutions from the individuals locally, protesting against this person being transferred. That is something we would have to consider.

Mr. SCRIVNER. If you have somebody that good, everybody ought to get their share of a good thing.

Mr. JONES. I agree with you there.

Mr. ENGLE. Dr. Baggs, did you suggest rotation later, based on a fixed period of service in one facility?

Dr. BAGGS. Yes. It might have some modification, but the general principle is 3 or 4 years, like the Army and the Navy. They do it at Walter Reed. They do it at Bethesda.

They do not do it at St. Elizabeths because there is no other facility like that.

But they do it in the Public Health and they fix the period of service irrespective of whether it is excellent, poor, or moderate.

Mr. SCRIVNER. I will say, Mr. Engle, that I have among my general recommendations, rotation of service of the manager, chief medical officer, chief nurse. That would not refer to the general run of attendants.

Mr. McQUEEN. For the record, I will say the DAV have no recommendations in here, or no report, on Kansas. So, go ahead with Kentucky.

Mr. KRAABLE. Lexington, Ky.: Neuropsychiatric; 832 authorized beds; population, 667. [Reading:]

THE AMERICAN LEGION,  
NATIONAL REHABILITATION COMMITTEE,  
Washington 6, D. C.

#### LEXINGTON, KY., FACILITY (NEUROPSYCHIATRIC, 832 BEDS)

Complaint of general medical patients admitted for emergency treatment, that they are required to stay in locked ward. A general medical ward, it appears, would eliminate this difficulty. Reason for this was given for lack of housing facilities. There are occasional complaints from World War II veterans as to the quantity of food; otherwise, quite satisfactory. In a hospital of this type, the complaint is always that the period of hospitalization is too long, as is to be expected.

There should be established at this facility at least one general medical ward, nonneuropsychiatric. It is felt that general medical patients should not be subjected to the same restrictions placed on NP patients. There is a tendency to hold patients for observation at this facility even though there is no indication of a neuropsychiatric disease. There is an urgent need for a general medical hospital centrally located within the State.

#### GENERAL COMMENTS

Standards of treatment compare favorably.

Cleanliness and neatness in the buildings and on the grounds excellent.

The morale of the patients is generally satisfactory.

The discipline and morale of the hospital personnel good; few complaints.

Hospital authorities feel they have sufficient authority to run the hospital as efficiently as they desire and that there are no undue restrictions and regulations under which they must function.

Mr. McQUEEN. No comment from VFW.

Mr. JONES. The only point that our report doesn't agree, we have a complaint that much of the equipment is obsolete in that hospital.



Mr. SCRIVNER. I might observe in connection with Lexington, Ky., the facilities there. I stopped by there last fall, and the manager there is quite proud of the degree to which that hospital is self-sustaining, so far as food is concerned, and the appearance of their locker and the beef and products of that kind, veal, pork, and everything in there justified his pride because he had about the best-looking locker that I have ever seen anywhere in any veterans' hospital.

Mr. McQUEEN. And they raised it all themselves?

Mr. SCRIVNER. The great majority of it is raised right on the place.

Mr. KRAABLE. Next is Outwood, Ky. Tuberculosis, 380; population 358. [Reading]:

THE AMERICAN LEGION,  
NATIONAL REHABILITATION COMMITTEE,  
*Washington 6, D. C.*

OUTWOOD, KY., FACILITY (TUBERCULOSIS, 380 BEDS)

Generally, the patients have no complaints as to medical treatment or hospital care at this facility. However, there has been no effort made to keep the general medical patients separated from the active TB patients in the receiving wards. The chief medical officer stated that he had made plans to utilize some day-room space to keep the two types of patients separated. Hospital authorities feel they do not have sufficient authority to run the hospital as efficiently as they might desire. There is too much restriction imposed by central office. They have no freedom to act for themselves or institute procedure that would assist in their work. Before anything is done or even considered, central office must first be consulted.

The chief medical officer stated that if the hospital were located near a metropolitan city the staff could attend clinical meetings with specialists in that area, thus affording them more knowledge of up-to-date treatment of TB. Staff meetings are held regularly but maximum benefits are not attained.

It is my contention the most vivid example of abuse is that where patients with active TB are put alongside general medical patients. No effort has yet been made to correct this in the receiving wards.

The medical equipment and clinical arrangements are not satisfactory. Medical equipment is poor. New equipment was requisitioned about 2 months ago; as yet it has not been received. Transportation facilities to and from hospital are not adequate. There is only one bus running between Dawson Springs and the hospital. The discipline and morale of the hospital personnel is poor. There is confliction between civilian directors and Army personnel. The location of the hospital has much to do with it.

Our recommendations as to the number of additional beds that may be required for the new load—at least 100.

It is our recommendation that new lighting be installed in the washrooms where barbers have to work. That more veterans be employed in the vacancies that so often occur. That the chaplains be reimbursed for their trips to and from the hospital and that their lodging and meals be furnished. That a recreational aide be assigned to the hospital. That the two unoccupied ward buildings be opened and prepared for patients. That a kitchen be constructed for the use of these two wards. That arrangements be made to care for the influx of physical-examination requests forwarded by the Veterans' Administration at Lexington, Ky., and elsewhere. That the day rooms be furnished with more modern equipment and made to appear more cheerful. That the exterior of all the buildings be repaired. That red-tape and binding restrictions imposed by central office be cut.

GENERAL COMMENTS

The food is very good, well prepared, well seasoned, and the meal is always served to the patients warm. The recreation facilities are adequate.

The grounds are well kept; cleanliness and neatness in most of the buildings is satisfactory.

Morale is improved since the American Legion has instituted a new program for the veterans.

VETERANS OF FOREIGN WARS OF THE UNITED STATES,  
NATIONAL REHABILITATION SERVICE,  
Washington, D. C.

KENTUCKY (Two Hospitals)

Lexington Facility, Lexington: NP hospital, 663 beds.

Complaints: Much equipment is obsolete.

Recommendations: Modernization of same.

Outwood Facility, Outwood: TB hospital, 380 beds.

Complaints: Overcrowded.

Recommendation: At least 2,000 additional beds.

Remarks: Outwood is said by investigators to be far better than any other TB hospital in Kentucky. It is suggested that in the event members of the Veterans' Administration staff are unsatisfactory, they should be dismissed rather than transferred.

VETERANS OF FOREIGN WARS,  
DEPARTMENT OF KENTUCKY,  
Louisville, Ky.

After a careful survey and inspection of the United States Veterans' Hospital, Lexington, Ky., by this committee on Friday, April 6, 1945, the following findings are submitted:

1. Answer. None.
2. Answer. All complaints are investigated and taken care of promptly.
3. Answer. Far better than other hospitals in this State.
4. Answer. No; they do not feel that they have the authority that they desire.
5. Answer. The management is forced to accept any transfer from central office regardless of their qualifications.
6. Answer. No. The doctors and nurses are employed through the central office and it is practically an impossibility for the management to hire from its own district such personnel as librarians, thereby depriving the facility of good and capable help which will not leave for some other hospital to serve in the same capacity. Attendants are hired through this facility.
7. Answer. Yes.
8. Answer. In this hospital, judging from past and present menus and what we observed and the meals that were served to the patients during our inspection, they are above the average, with a sufficient amount given.
9. Answer. After an investigation into abuse, etc., we find that the attendants on these rare occasions were forced through self-preservation to use force for the protection of the patients. On some occasions the patients have brought harm to themselves.
10. Answer. Yes. In this hospital there is only a certain amount of entertainment in which the patients may indulge, but under the new building program there are enclosed handball, volley ball, and other games which will be available.
11. Answer. Canteen is satisfactory as these patients are not as a rule allowed the privilege of its use. The supplies are brought to the wards.
12. Answer. The majority of the equipment is obsolete and should be replaced with first-class equipment.
13. Answer. This is a medical question. Committee not in a position to answer.
14. Answer. No.
15. Answer. Cleanliness is above par.
16. Answer. Yes; for this type of hospital.
17. Answer. Yes.
18. Answer. Yes.
19. Answer. Ratio of doctors and nurses far above those in State institutions.
20. Answer. Only in one ward which is classified as emergency.
21. Answer. Very good for this type of patient.
22. Answer. The committee feels that the management is in a better position to know how many beds will be needed in the future.
23. Answer. None that the management can recall.
24. Answer. Recommend that only skilled nurses be used, assisted by male attendants on the wards.
25. Answer. Quite a few. Quotations are not available.

26. Answer. No. The patients are given full and complete advice concerning future treatment after arrival home. The families are also notified the proper procedure to follow for the patients' best interests.

27. Answer. This committee recommends the following: Replacing of all doctors, nurses, supervisors, and attendants who become dissatisfied with their present positions. Doctors who are assigned to this facility cannot foresee any future for advancement, and therefore become very dissatisfied, in these cases it is highly recommended that they be replaced for the best interests of the management and the patients. Recommend that something be done about the crowded condition which exists with the out-patients prior to their examination. To relieve some of the duties of the doctors who have been overloaded with work so that they may perform their duties more efficiently. To allow the management to hire a capable and efficient person within the district, thereby acquiring help which would not leave their own district. Recommend that after an employee is found to be below the standard required for the fulfillment of the position in which he or she had been placed through the central office, that the red tape of the central office be eliminated and the person who is found to be below the standard that they be relieved of their duties immediately.

We do not feel that anyone should be retained in any position if they are not qualified. When any complaints arrive before the management, a careful investigation should be made before a board and cleared up as soon as it is possible to do so, and if any statements are made by the employees there should not be any restrictions placed on the one giving the testimony. We do not think where grounds exist for the transfer of a person from one station to another, instead of making the transfer this person should be dismissed from the service in the Veterans' Administration as soon as it is possible to do so.

LEROY OMER, Sr.,

*Commander,*

REV. JOHN C. CHINNOCK, Jr.,

*Chaplain,*

CHARLES K. BUSH, Sr.,

*Service Officer,  
Committee.*

MR. McQUEEN. Are there comments from the VFW?

MR. JONES. I have here just a remark I would like to read in here:

Outwood is said by investigators to be far better than any other TB hospital in Kentucky. It is suggested that in the event members of the Veterans' Administration staff are unsatisfactory, they should be dismissed rather than transferred.

That is a pretty general recommendation.

MR. SCRIVNER. Did I understand in that report the statement is made that there are two ward buildings which are not being used?

MR. KRAABLE. The recommendation is that the two unoccupied ward buildings be opened and prepared for patients.

MRS. ROGERS. Will the gentleman yield? Is that because of the shortage of personnel and doctors?

General Hines told me that there were 1,000 beds that were not being used because of shortage of nurses and doctors. Is that the reason for it?

MR. KRAABLE. That quite often happens, Mrs. Rogers. I am not prepared to answer on that specific institution.

MRS. ROGERS. There is nothing in there that indicates that that is the situation.

MR. McQUEEN. Mr. Jones, have you anything further?

MR. JONES. No.

MR. McQUEEN. Now, the DAV have a recommendation here of buildings being overcrowded. I cannot understand that in view of these other reports; nevertheless, it is in here: 50 percent of the pa-



tients are leaving against medical advice. Insufficient authority there as to personnel. Recommends enlarging hospital to 1,600 beds.

Mr. KRAABLE. Alexandria, La.: General, medical, and surgical; 739 authorized bed capacity; 507 population. [Reading:]

THE AMERICAN LEGION,  
NATIONAL REHABILITATION COMMITTEE,  
Washington 6, D. C.

ALEXANDRIA, LA., FACILITY (GENERAL MEDICAL AND SURGICAL, 739 BEDS)

In TB wards not enough nurses and attendants at night. Some complaints justified regarding quality and preparation of food. Meals served day we were there not up to standard. Discipline very high, morale in TB wards low. Another station wagon is needed.

As to discipline and morale of hospital personnel; nurses 2 years without annual leave, overworked. Patients state that head nurse, Miss McCann, is too severe with cadet nurses and others causing nurses to leave service. Suggest investigation by representative of central office of nurses who have left.

As to type and number of additional beds that may be required for the new load—approximately 1,000; no TB; principally general medical and surgery.

We believe that medical treatment, hospital care, and the morale of the patients would be greatly improved if hospitals were built to care for tubercular patients. We recommend that the TB patients in the Alexandria facility be moved to a TB hospital and the space utilized for general medical and surgery. We believe that nurses, doctors, and attendants should be given equal status, pay, and allowances as those in the Army service assigned to Veterans' Administration facilities. We believe that a study should be made of the pay schedule allowed employees of veterans' hospitals with the idea in view of making employment at these institutions more attractive.

GENERAL COMMENTS

Standards of treatment in the Veterans' Administration hospital far superior as compared to the State, county, and municipal institutions in this area.

The hospital authorities feel they have sufficient authority to run the hospital as efficiently as they desire and feel that they are under no undue restrictions and regulations.

The recreational facilities are adequate.

The canteen service is satisfactory.

The medical and clinical arrangements are satisfactory.

The cleanliness and neatness in the buildings and on the grounds very good.

The discipline of the patients very high.

Your committee feels that the veterans treated at the Alexandria facility are fortunate in having the type of manager as Dr. T. F. Moore who understands the problems of the veterans and whose sympathy is always for the welfare of the serviceman. We appreciate his courtesy and his cooperation in the conduct of this survey.

Mr. AUCHINCLOSS. Are these female nurses?

Mr. KRAABLE. Yes, sir.

Mr. SCRIVNER. Does it show what the authorized nurse strength is and how many nurses they have on duty?

Mr. KRAABLE. It does not on this one, Mr. Scrivner.

Mrs. ROGERS. I suppose it makes a lot of difference how many sick cases they have, even if the authorized strength is met.

Mr. McQUEEN. Are there any comments by the VFW?

Mr. JONES. I might add, Mr. McQueen, yesterday while you were in executive session we checked these things pretty well along, so we can go a little faster. Our report is brief.

Mr. KRAABLE. Togus, Maine: Neuropsychiatric, 1,108 authorized beds, 602 population. [Reading:]

THE AMERICAN LEGION,  
NATIONAL REHABILITATION COMMITTEE,  
Washington 6, D. C.

TOGUS, MAINE, FACILITY (NEUROPSYCHIATRIC, 1,108 BEDS)

New England people, as represented in patients, always will be skeptical of the type of medical personnel now being assigned to the hospital. As to specific complaints, only one at present. One doctor does not give proper attention to patients. This man is being transferred. Action has been taken, but after much delay and much procrastination in cases where transfer has been requested. It may take months before the change is made.

The hospital authorities feel that they do not have sufficient authority to run the hospital as they desire. They have no knowledge of the type of personnel until assigned. No opportunity to select physicians desired. They have to take what is sent them from Washington. There are undue restrictions and regulations under which they must function. The quality and extent of medical care is handicapped by the large amount of unnecessary paper work required of the medical staff. The NP doctors have to assume all property responsibility with patients, listing clothes, moneys, etc., a waste of professional time. They feel they do not have sufficient authority and latitude to employ competent doctors, nurses, and attendants. Attendants are recruited locally.

The recreational facilities are not adequate, but there will be as soon as those now under contract are completed. The periods of hospitalization are too long. Bound to be the case in any Government hospital where service is gratuitous. This is not the case in the NP hospital, where period is apt to be too short because of against-medical-advice discharges. Too many mental patients are discharged against advice because the manager and medical staff do not have legal authority to hold such patients when relatives or guardians request their removal. Complaints of hospital personnel—too much paper work.

Our recommendation as to type and number of additional beds that may be required for the new load: Double capacity of medical and surgical hospital. Create additional space for out-patient examining unit, which should have separate medical personnel. Increase capacity for TB patients, that they may be cared for nearer home. Add standard acute NP building complete with physio and hydrotherapy departments and swimming pool.

There are complaints on the part of the patients regarding the lack of information given to them as to physical condition and advice as to future treatments upon being discharged from the hospital. Usually a result of attitude of certain of medical personnel and again due to employment of unsatisfactory type of doctor.

Our specific and general recommendations are: Improve character and quality of medical personnel. Efforts should be made to recruit a higher type of physician as those now attracted to the service are often unsatisfactory. There appears to be a weakness in the method of taking men through Civil Service, with little or no opportunity for selection or discipline, other than by requesting transfer. In such cases undesirable and unqualified men are simply passed on from one place to another, sometimes with unmerited promotions. In this hospital an excellent administrative staff is handicapped by a medical staff which, in part, at least, fails to have the quality and the idealism that should be inherent in any physician.

There is marked overemphasis on "compensatory time" and "leave privileges." This has a deleterious effect upon the medical care and seems quite out of place in any hospital. When medicine watches the time clock, it loses the idealism of the healing art.

There should be more encouragement for postgraduate study and for closer contacts with local, sectional, medical, and hospital meetings, in order that the medical personnel may be kept abreast of recent developments and that a more scientific attitude be engendered. Staff meetings of the veterans' hospitals should be held outside of routine hours and not considered on a compensatory basis. These are opportunities for the physician to improve himself. They should be conducted on an educational level. Qualified civilian physicians from nearby hospitals could be utilized as guest speakers, discussers, etc.

Specifically—for this hospital—the filling of the position of clinical director of the general medical and surgical hospital should be expedited. Urgently needed is the addition of a wing to house the out-patient examining unit and the building of a new nurses' quarters adjacent to the NP hospital.

## GENERAL COMMENTS

The canteen service is satisfactory.

The medical equipment and clinical arrangements are satisfactory.

The cleanliness and neatness in the buildings and on the grounds excellent.

The discipline and morale of the patients are satisfactory.

The patients are not too crowded, adequate floor space per patient.

Mental hospital compares very favorably with similar State institutions.

Transportation facilities to and from the hospital are adequate.

VETERANS OF FOREIGN WARS OF THE UNITED STATES,  
NATIONAL REHABILITATION SERVICE,  
*Washington 5, D. C.*

MAINE (ONE HOSPITAL)

Togus Facility: 1,108 NP beds (602 beds occupied May 31, 1945).

Complaints: Recreational facilities inadequate. Occupational-therapy facilities inadequate. Medical and clinical equipment not satisfactory. Inadequate canteen service. Understaffed. Too much paper work required of physicians. Over-all lack of encouragement of staff for research, etc.

Recommendations: That chief medical officer be permitted to select the members of his staff. That medical-staff members, generally, be permitted to select the locality in which they desire to serve. Decrease the clerical work now required of physicians. Construction of a large occupational-therapy building. Construction of a recreational building, with gymnasium and swimming pool. Construction of a building for care and treatment of acutely disturbed patients, with adequate physiotherapy and hydrotherapy departments. Construction of a new nurses' quarters. Commitment of all insane patients. Elimination of much existing red tape.

NOTE.—This survey was made by a committee composed of two physicians (one of whom is a neuropsychiatrist), and two laymen (one of whom is our full-time service officer in Maine). In summarizing, they state:

"We believe that Togus is superbly managed. This hospital compares very favorably to State, county, and municipal hospitals. They have some very good medical men on their staff. The attendants, who are from the Regular Army, are definitely interested in the patients and actually went out of their way to do little things for the patient's welfare and happiness. The manager and staff showed us all possible courtesy and attention. We talked with many patients and heard no word of complaint regarding treatment, food, care, or length of stay in the hospital."

For the information of the veterans' committee we point out that we would list this hospital as "unsatisfactory," based on the number of complaints and the recommendations which indicate need for improvements.

JUNE 8, 1945.

TO COMMANDER IN CHIEF, VETERANS OF FOREIGN WARS.

On May 29, 1945, I was one of a committee of five selected by the VFW, Department of Maine, to make a survey and inspection of the United States Veterans' Administration facility hospital, at Togus, Maine.

In my opinion this hospital compares very favorably in the relative standards of treatment as compared to the State, county, and municipal hospitals in this State. The manager, chief medical officer, and ward officers showed us all possible courtesy and attention.

I visited the medical and surgical wards, X-ray, pathological, cardiovascular, and dental laboratories and found their equipment to be standard, sufficient, and up to date and handled by a competent staff in every department. I talked with many patients and heard no word of complaint regarding treatment, food, care, or length of stay in the hospital.

It is my opinion that the manager and chief medical officer are handicapped by the fact that the doctors are selected by civil service and sent to their facility; that the medical officers of the Veterans' Administration should have the same courtesy and privileges accorded them as do the Army, Navy, and Public Health Service.



The buildings and grounds were in excellent condition as to cleanliness and neatness. In the hospital, the discipline and morale of both patients and hospital personnel is high. No complaints were heard. The patients are not crowded and floor space is adequate.

The percentage of patients, both medical and surgical, leaving the hospital against advice is nil.

I do not believe that better work could be done by the doctors for the patients except for the fact that much of the routine paper work could be done by clerks or Wacs; thus the medical officers would be free to perform their professional duties. Too much time is spent by them doing clerical work, filling out forms, and performing other than professional duties under the present set-up.

As to any general or specific recommendations concerning the medical treatment and hospital care of veterans in this particular hospital, I have none to offer. Such errors as have existed have been corrected or are in the process of being corrected.

LEONARD H. FORD,  
*Department Surgeon, Veterans of Foreign Wars, Maine.*

EDWARD J. MOURSSETTE,  
*Department Commander.*

LAWRENCE L. BENNETT,  
*State Service Officer.*

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JUNE 8, 1945.

TO COMMANDER IN CHIEF, VETERANS OF FOREIGN WARS.

On May 29, 1945, we were two of a committee of five selected by the Veterans of Foreign Wars, Department of Maine, to make a survey and inspection of the United States Veterans' Administration facility at Togus, Maine.

We were accorded every courtesy, consideration, and attention by the manager, chief medical officers, ward officers, and hospital personnel. We visited the entire neuropsychiatric hospital, including every ward, dining rooms, occupational-therapy rooms, kitchen, bakery, and refrigeration facilities.

We talked with patients and medical officers and personnel. No general or specific complaints were made by the patients concerning their medical treatment or hospital care. In the past, some medical officers have served at this facility who did not have the personality, the background, and the training required. This has been corrected to a large extent at this facility and new and better-trained medical officers have been sent to Togus.

We find, however, that the manager and chief medical officer are definitely handicapped by the fact that the medical personnel of the Veterans' Administration is selected from the ranks of civil service, oftentimes without any regard whatsoever as to their background, training, personality, and ability. We believe that the manager and chief medical officers should have more authority to run the hospital as efficiently as they could without rules and regulations and red tape from the central office in Washington. We find they do not have sufficient authority and latitude to employ competent doctors and nurses. We feel that better medical care could be achieved by having better-trained medical doctors of the highest caliber. This could be achieved by increasing the compensation of doctors serving in Veterans' Hospitals as well as by having doctors in the particular area served by the hospital serve on the staff. There would perhaps be, for example, some good doctors in Maine who would serve on the staff of the veterans' hospital if the compensation were higher and they were permitted to stay and serve in Maine. However, in all likelihood, as the situation now stands, if a doctor in Maine should enter the service of the Administration and request to be located in Maine, he would be sent down South or to the Northwest. Also, doctors living in a certain area such as New England might desire to go to a different area such as California or Arizona but such requests have apparently, in the past, received little or no consideration. Also, the medical officers on the staff should receive encouragement and support in research, in attending various meetings, conventions, etc., and also to receive periodical special training in their particular field, all of which has perhaps been rather neglected. In other words, letting a doctor who enters the service of the Veterans' Administration serve, as far as possible, in a locality where he would like to serve and this alone

probably would result in many more doctors applying for service in the Veterans' Administration. Also, we find that much of the doctors' time is consumed by doing clerical work, filling out and signing forms, etc., instead of being properly employed in care for the patients. We would recommend cutting paper work to a minimum and having it performed by clerical personnel and leave the doctors free to practice medicine and take good care of the patients. We find the relative standards of treatment in the veterans' hospital to be equal to and in some respects better than they are in comparable State, county, and municipal hospitals.

They employ all of the latest methods of treatment: Physiotherapy, hydrotherapy, and electric shock therapy for mental cases.

The food is excellent as far as quantity and quality is concerned and served in an appetizing manner.

There have been no specific indications of neglect or abuse of patients although it is a fact that the attendants are medical corpsmen from the Regular Army and they have had little if any training as attendants in psychiatric hospitals. It would perhaps be a wise thing if a course in attendant training could be given periodically in the facility. However, the attendants are definitely interested in the patients and actually went out of their way to do little things for the patients' welfare and happiness.

The recreational facilities are definitely inadequate and also the occupational-therapy department is absolutely inadequate. There is an immediate need for several buildings in the neuropsychiatric hospital: (1) A large occupational-therapy building; (2) a recreational building with gymnasium and swimming pool; (3) a building for the treatment and care of the acutely disturbed patients with adequate physiotherapy and hydrotherapy departments; (4) building of new nurses' quarters. At the present time we noted that patients were sitting around the wards with a very limited opportunity for occupational therapy and practically no opportunity for recreation. If these patients had the facility to utilize their time in a large, pleasant, adequately equipped occupational-therapy building, as well as another building for recreation with a gymnasium and swimming pool, they would recover from their illness more rapidly and would become rehabilitated much sooner to again resume their place in society. The facilities for care of the acutely disturbed patients are entirely inadequate and a new building for these patients is imperative. The canteen service seems to be entirely satisfactory and the prices charged veterans are reasonable in every respect.

The medical equipment and clinical equipment are not entirely satisfactory in addition to the above buildings. Arrangements should be made for a separate out-patient department in a wing of their own but this is in the process of being corrected.

Concerning the neuropsychiatric cases, the periods of hospitalization are not entirely proper in all cases. Some of the patients are not well enough to leave the hospital but there are no legal means by which a patient, although he be insane, can be detained in the hospital if his relatives desire a discharge unless he be committed. In other words, it is our opinion that every insane case should be committed to the veterans' hospital as they are at the other mental hospitals; that the provision which they now have of voluntary admissions be retained for the cases that are nervous but are not insane.

We found the grounds and buildings to be exceptionally well-kept, very clean and neat, and in good condition in every respect.

The discipline and morale of the patients are high.

Transportation to and from the hospital are as adequate as can be expected during wartime. The contact service could be considerably improved and this is in the process of being corrected now.

There is a fairly good ratio of patients to doctors, surgeons, nurses, and attendants in spite of the wartime conditions although there are a few vacancies in the staff which should be filled at the present time.

The patients are not crowded. The floor space is adequate. The general medical hospital will need expansion within the next several months or else it will be overcrowded as was stated before. Several new buildings are needed or there will be a definite overcrowding in the future.

We do not feel that a Wac staff would add anything to the better care of the patients but rather more and a better staff of trained attendants and nurses.

In summarizing the entire survey, we believe that the hospital at Togus is superbly managed; that some of the features are being eliminated, corrections



and improvements are being made for the care and treatment of veterans; that, compared to other hospitals, State, county, or municipal, the veterans' hospital at Togus compares very favorably in every respect. They do have some very good medical men on the staff. The unsatisfactory medical officers have been transferred or removed and a better type of personnel is being obtained.

ARTHUR P. STEBBINS, M. D.,<sup>1</sup>

*Designated Physician for Veterans' Administration.*

E. J. MORRESSETTE,

*State Commander, Veterans of Foreign Wars.*

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Mrs. ROGERS. Did you get any requests to have that a general medical and surgical hospital?

Mr. KRAABLE. It is implied in the recommendation.

Mrs. ROGERS. I know they suggested a new one, but I wondered whether they wanted additions there or whether they wanted another hospital somewhere else.

Mr. McQUEEN. Are there any comments from VFW?

Mr. JONES. The only place in which our report disagrees with theirs is we have a complaint that the medical and clinical equipment is not satisfactory and there is inadequate canteen service.

This is a recommendation: That the medical-staff members generally be permitted to select the locality in which they desire to serve.

Note the comment here that this survey was made by a committee composed of two physicians, one of whom is a psychiatrist, and two laymen, and in summarizing we state we believe that Togus is excellently managed; that the hospital compares very favorably to State, county, and municipal hospitals. We have some very good medical men on the staff. The attendants who are from the Regular Army are definitely interested in the patients, and actually went out of their way to do little things for the patients' welfare and happiness.

The manager and staff showed us all possible courtesy and attention. We talked with many patients and we heard no words of complaints regarding treatment, food, care, or length of stay in hospital.

For the information of the Veterans' Committee, we point out that we would list this hospital as not run satisfactorily, based on the number of complaints and recommendations which indicate need for improvement.

That is the General Short's commission.

Mr. McQUEEN. The DAV recommendation here is that more adequate social service and occupational-therapy department be provided; civil rather than Army attendants on wards. They also report here that the personnel is inferior, services inadequate; recreational facilities inadequate; medical equipment and clinical average.

Mr. JONES. Do they say they object to the Army attendants? Did I get that right?

Mr. McQUEEN. Yes.

Mr. JONES. They praised them very highly in our reports.

Mr. McQUEEN. I am merely reading from their report.

Mrs. ROGERS. Congressman Smith of Maine said there would be no authorization; that they had money for erecting recreational facilities, and I think another building, but to date, those buildings have not been started.

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<sup>1</sup> Formerly senior physician, staff of Bangor State Hospital, Bangor, Maine (neuro-psychiatrist).



Mr. KRAABLE. I might add, Mr. Chairman, that the American Legion committee appointed by the departing commander on this investigation consisted of four medical doctors, one of which was the superintendent of the State hospital for the insane in Maine. They made a very thorough study.

Mr. BENNETT. You are going to submit their names?

Mr. KRAABLE. Yes, sir.

Fort Howard, Md.: General medical and surgical; 364 authorized beds; 304 population. [Reading:]

THE AMERICAN LEGION,  
NATIONAL REHABILITATION COMMITTEE,  
Washington 6, D. C.

FORT HOWARD, MD., FACILITY (GENERAL AND SURGICAL, 364 BEDS)

No general or specific complaints.

No encouragement in support of research, in participating in clinical meetings, etc., due to the fact that there are no sufficient doctors on the staff.

The recreational facilities are not adequate.

The canteen service is not satisfactory. The present canteen does not have sufficient space to function properly.

In some instances the patients would say they were kept in receiving wards too long.

Transportation facilities to and from the hospital are not adequate.

Patients are too crowded and there is not sufficient floor space per patient.

It is the opinion of all who I have talked to lately that we will eventually need 1,250 general medical and surgical beds. About 1½ percent of the patients are leaving the hospital against medical advice and as far as we could learn the patients are leaving because of the overcrowded conditions.

We would recommend more doctors on the staff and as soon as possible civilian attendants with increased pay for all personnel.

GENERAL COMMENTS

Relative standards of treatment very good as compared to the State, county, and municipal institutions in this area.

The management feels they have sufficient authority to run the hospital efficiently and are under no undue restrictions and regulations.

The medical equipment and clinical arrangements are satisfactory.

The cleanliness and neatness in the buildings and on the grounds excellent.

The discipline and morale of the patients are satisfactory.

The discipline and morale of the hospital personnel very good.

Mr. ALLEN. In reference to that report, I would like to find out what you regard as adequate recreational facilities. It says there that the recreational facilities are not adequate. I wish we could have some sort of yardstick so that we might determine that matter—just what might be considered adequate for a given facility.

Mr. KRAABLE. From a layman's viewpoint and my own experience, it is very flexible at different institutions. The inflow of younger veterans emphasizes the need for additional recreational facilities in many places where they are more vigorous—those who are ambulant getting outside, and different types of diversion possibly enter into his activities. This has been alerted to the Veterans' Administration, with the result that there is much being planned and done in recreational and occupational matters in all facilities. It has not crystallized in very many places as yet.

Mr. ALLEN. In other words, with the coming of a bunch of new veterans—the younger veterans, the veterans of this war—you feel that that would call for more recreational facilities than we would expect for veterans of the First World War?

Mr. KRAABLE. I believe, Mr. Allen, the recreational phase of hospital convalescents and therapy has been emphasized in the past quarter century. In fact, I believe they have what they call a unit of physical medical—physical medicine in the medical service now—and of which a layman who has made an outstanding record in a neuropsychiatric hospital is one of the chief aides—right next to the M. D. at the head of it. That is really being emphasized.

Mr. BENNETT. There are lots of these hospitals that have no trained recreational director.

Mr. KRAABLE. That is right, Mr. Bennett. And one of the classifications in which there is a serious dearth of trained people is in the recreational aides.

We are reaching out for them.

Mr. ALLEN. Do you think each hospital should have a trained recreational man to direct the recreational facilities work?

Mr. KRAABLE. I think, depending on the size of it, Mr. Allen, there should be a proportionate guidance in that on the part of one man.

Mr. SCRIVNER. Mr. Kraable, does your conception of recreation also include in it the entertainment programs?

Mr. KRAABLE. In a broad term it always has, in my mind, included that.

Mr. SCRIVNER. Well, here is a suggestion that I think possibly your national veterans' organizations might well look into if that has not already been done by them—maybe they have—that is the fact that these new World War veterans coming in during the service have had the pleasure of listening to, we will say, for instance, the chain bands where the radio programs have their inception at these various camps. I am just throwing this out as a suggestion that you contact the chain programs and see whether or not they can have their records given in some of these veterans' hospitals, which will give the type of recreation which they now do not have.

Mr. BENNETT. When we were over at Wadsworth the gentleman from Kansas will remember that some of the amputees there complained that there were not very many chains provided for them. They got a show about once or twice a week, and the rest of the time they had no recreation.

Mr. SCRIVNER. Incidentally, at the hospital at Wadsworth, through the ingenuity of one of the doctors who was a movie fan, they adopted the practice of the portable movie projectors which they take around to these various wards, and they project on the ceiling or anywhere else, so they can take the picture to the bed patients who are sometimes overlooked in the entertainment.

Mrs. ROGERS. Is it not true, Mr. Kraable, that so far as the movie is—so far as the movie stars are concerned, the glamour seems to be over when the man is discharged from the hospital, from the Army and Navy?

They seem to feel that a man no longer deserves consideration when he takes off his uniform.

Mr. KRAABLE. Speaking from experience, Mrs. Rogers, just as a matter of fact, I would observe that there was a time between the two wars when the only one who seemed to be interested in the soldiers were the organized veterans. Everybody else had forgotten these fellows. I mean, they and their auxiliaries carried on when nobody else did.

Mrs. ROGERS. And it comes so immediately after the man takes off his uniform. There is something very cruel about it, I think. The man needs entertainment perhaps, even more after he takes off his uniform than before.

Mr. JONES. I have wanted to make an observation on the recreational facilities. As to radio, if they could make these radio programs in these hospitals, which are controlled at the switchboard—and there is a great deal of dissatisfaction with it, because persons have very different tastes; one person wants to listen to one program and somebody else wants some other program—if there were some way whereby they could tune in on their own particular station and get their favorite program, it would be a good idea.

I don't know whether they have advanced to that point technically or not, where they are able to do that.

Mrs. ROGERS. They can do it, cannot they, Captain Jones, by having other radio installations?

Mr. JONES. They can do that.

Mr. SCRIVNER. I do not see why that cannot be done in the new construction.

Mr. JONES. I found the last time I was in a hospital in one of the Veterans' Administration hospitals as a patient for a short time, I found very much dissatisfaction with that particular thing.

Mr. STIGLER. Captain Jones, is that not regulated almost entirely on the whim of the telephone operator, or whoever controls the broadcast?

Mr. JONES. There is presumed to be, I believe, supposed to be sort of a poll taken to indicate the largest number that might want to listen to a single program.

Of course, if you have not a good recreational officer in there, there isn't so much accomplished along that line. But I think that is one of the things that would make a vast improvement.

Mr. STIGLER. As I understand it, no patient at all, whether he is a bed patient or ambulatory, is allowed his own radio.

Mr. JONES. He has only his head set.

Mr. STIGLER. Don't you think improvement could be made, at least, to some extent if these permanent bed patients were allowed their own radio?

Mr. JONES. If he had his own radio and used his head set so it would not interfere with the person in the bed next to him, that wanted to have a separate program at the same time, it might work out all right.

Mr. STIGLER. I found some complaints at the veterans' hospital in Muskogee about that very thing. That is the reason I made the observation.

Mr. ALLEN. I wonder if at Walter Reed they have a radio—if they have it fixed so that a fellow can turn his station, can tune in on the program he wants?

Mrs. ROGERS. They have two programs, I think, at Walter Reed. They have head phones now.

Mr. CUNNINGHAM. Is the patient able to control the switchboard, as to which program he will tune in on?

Mr. SCRIVNER. No; he cannot. I have experience with those same things myself. They have a central receiving set that is wired up to the bedside, and most of the older hospitals only have one lead into



the head set, so you can only get one program at a time. The purpose of that is that many times, especially in the ward—if you have a private room, you can close the door and have your own radio—but you have 6 or 8 or 10 or 25 or 50 men in a ward, if each one of them were allowed to have his own radio, you can imagine the confusion and the probable delayed recovery rather than encouraging it, and if I am lying here on this bed, I may be feeling so that I do not want any music, I don't want any talking, I don't want anything. Whereas, the man next to me may be feeling better; he is feeling pretty good and he wants some music, and while it is not satisfactory, I think it is probably the only solution we have now until we get new construction where we will have more leads in, so you can have your choice of any one or two or three or four programs.

MR. CUNNINGHAM. I know of one hospital where there were seven or eight men in the room and one man dominated the room, and if he didn't like the program he turned off the radio and turned on something else.

MR. SCRIVNER. You can imagine how much that would be multiplied if each one were permitted to have a bedside radio of his own, and you had about 50 of them like that in a ward.

MR. CUNNINGHAM. I would like to ask Mr. Kraable about the chaplains. Do they have chaplains in the hospitals?

MR. KRAABLE. No; a few of the older homes on the grounds, Mr. Cunningham, that came into the Veterans' Administration in the last consolidation, retained full-time chaplains. However, about 45 days ago the announcement was made of the organization of a Chaplains' Corps with an outstanding overseas veteran of this war to head it up. Whether he is back yet or not, you would have to find out from the Veterans' Administration, but as soon as he gets back I was informed he is going to start his selection of full-time chaplains at all facilities above a minimum bed capacity. I think that includes most of them.

MR. CUNNINGHAM. Don't you think that would be very good and beneficial to the morale?

MR. KRAABLE. Every indication we have had is that if we do this, it will be a big morale factor, because the chaplain in this war has become a pal as well as a spiritual leader and guide to the men.

MR. JONES. I might add that I have had several letters from chaplains in the service, making those inquiries about the possible setup in the Veterans' Administration; they would be very anxious to go into the Veterans' Administration as chaplains when they are relieved from military service.

MRS. ROGERS. The Bureau has already issued orders, has it not, for full-time chaplains? My understanding is that it has.

MR. JONES. That is my understanding.

MR. SCRIVNER. That concludes—what was that hospital?

MR. KRAABLE. That was Fort Howard, Md.

MR. BAGGS. Perryville, Md.: NP, 1,822; present load 1,646. This is a large NP hospital midway between Baltimore and Philadelphia. [Reading:]

THE AMERICAN LEGION,  
NATIONAL REHABILITATION COMMITTEE.  
Washington, D. C.

PERRYVILLE, MD., FACILITY (NEUROPSYCHIATRIC, 1,822 BEDS)

General and specific complaints: **None.**

No encouragement in support of research, in participating in clinical meetings, etc., due to the fact that there are not sufficient doctors on the staff.

Recreational facilities not adequate. This facility is very much in need of a new recreational hall.

The patients are too crowded.

Five more doctors of neuropsychiatric experience needed.

GENERAL COMMENTS

Relative standards of treatment as compared to the State, county, and municipal institutions in this area very good.

Hospital authorities feel they have sufficient authority to run the hospital efficiently and are under no undue restrictions and regulations; also they feel they have sufficient authority and latitude to employ competent doctors, nurses, and attendants.

The canteen service is satisfactory.

The medical equipment and clinical arrangements are satisfactory.

The cleanliness and neatness in the buildings and on the grounds is excellent.

The discipline and morale of the patients are satisfactory.

The transportation facilities to and from the hospital are adequate.

The discipline and morale of the hospital personnel very good.

DEPARTMENT OF MARYLAND,  
VETERANS OF FOREIGN WARS OF THE UNITED STATES,  
Baltimore 2, Md., May 15, 1945.

Mr. JEAN A. BRUNNER,  
*Commander in Chief,*

*Care Casey M. Jones, National Service Officer,  
Veterans of Foreign Wars, Washington 5, D. C.*

DEAR CHIEF: Enclosed please find my reports of survey of the veterans' hospitals at Perry Point, Md., and Fort Howard, Md.

On my trip to Perry Point on April 24 I was accompanied by my department service officer, Elroy F. Jenkins, and on my visit to Fort Howard, Comrade Jenkins and also Comrade Alfred H. Buck, contact representative to Fort George G. Meade, were with me.

I trust you will find these reports brief and to the point, and that they will answer the purpose for which they were intended.

Yours in comradeship,

JOSEPH F. STETKA,  
*Department Commander.*

MARYLAND (TWO HOSPITALS)

Fort Howard Facility, Fort Howard: General hospital, 364 beds.

Complaints: Overcrowded; shortage of staff and personnel; recreation, canteen, and transportation facilities inadequate.

Recommendations: Correction of above; construction of 1,200 new beds.

Perry Point Facility, Perry Point.

Complaints: Overcrowded; shortage of staff and personnel; recreation, canteen, and transportation facilities inadequate.

Recommendations: Correction of above; construction of 300 new beds.

LIST OF QUESTIONS TO BE ANSWERED IN NUMERICAL ORDER

as to each hospital (Copies in triplicate furnished the commander in chief)

PERRY POINT HOSPITAL

1. Question. Are there any general or specific complaints on the medical treatment and hospital care received by the patients? If so, please describe briefly.

Answer. None.

2. Question. Has remedial action been taken by the Veterans' Administration in these cases or others which may have been previously reported?

Answer —.

3. Question. What is your opinion of the relative standards of treatment in the veterans' hospitals as compared to the State, county, and municipal institutions in the same area?

Answer. Excellent, under the present circumstances.

4. Question. Do the manager, chief medical officer, and/or clinical director feel they have sufficient authority to run the hospital as efficiently as they might desire?

Answer. Yes.

5. Question. Do they feel that there are undue restrictions and regulations under which they must function? If so, kindly specify in what way.

Answer. There is too much paper work for the staff, which keeps them from applying their time to the treatment of the patients. Also, too many board meetings caused by minor complaints of the patients.

6. Question. Do they feel they have sufficient authority and latitude to employ competent doctors, nurses, and attendants?

Answer. While they have sufficient authority, there are no doctors, nurses, or attendants available.

7. Question. Do they have encouragement and support in research, in participating in clinical meetings, symposiums, medical lecture courses, etc.?

Answer. The shortage of doctors does not allow the staff to attend these courses.

8. Question. What definite complaints, if any, are there as to the quality, quantity, variety, and preparation of food in the veterans' hospitals?

Answer. None.

9. Question. Have there been or are there any specific cases of alleged abuse or neglect of patients?

Answer. Not to my knowledge.

10. Question. Are the recreational facilities adequate?

Answer. Yes.

11. Question. Is the canteen service satisfactory, and are the prices charged veterans reasonable? If not, please describe.

Answer. Yes.

12. Question. Are the medical equipment and clinical arrangements satisfactory?

Answer. Yes.

13. Question. Are the periods of hospitalization proper? Too long? Too brief?

Answer. Yes.

14. Question. Do patients feel they are required to remain in receiving wards too long before complete examinations and treatment are started?

Answer. Yes; due to the shortage of doctors.

15. Question. How about cleanliness and neatness in the buildings and on the grounds?

Answer. Excellent condition.

16. Question. Is it felt that the discipline and morale of the patients are satisfactory?

Answer. Yes.

17. Question. Are the transportation facilities to and from the hospital adequate?

Answer. No.

18. Question. Is the contact service considered satisfactory and adequate by the VFW?

Answer. Yes.

19. Question. How does the ratio of patients to full-time physicians and surgeons, nurses, and attendants in the veterans' hospital compare to that in State, county, and municipal institutions?

Answer. Fair, under present conditions.

20. Question. Are the patients too crowded?

Answer. Yes.

Question. Is there sufficient floor space per patient?

Answer. No.

21. Question. How do they find the discipline and morale of the hospital personnel? What are their complaints, if any?

Answer. None.

22. Question. What is your recommendation as to type and number of additional beds that may be required for the new load?

Answer. Approximately 300 percent of all types.

23. Question. What percentage of the patients are leaving the hospital against medical advice? Why?



Answer. Very few and for various reasons.

24. Question. Could better personal care be furnished with staff-aide program of Wacs trained in hospital routine, thus relieving nurses for more important duties?

Answer. Since Wacs are not trained as nurses, they would not relieve the nurses.

25. Question. What percentage of patients without dependents leave the hospitals against medical advice due to the reduction in pension while being hospitalized?

Answer. Very few.

26. Question. Are there any complaints on the part of the patients regarding the lack of information given them as to their physical condition and advice as to future treatment upon being discharged from the hospital?

Answer. None.

27. Question. What general or specific recommendations would you offer as to the medical treatment and hospital care of veterans in Veterans' Administration facilities?

Answer. This hospital is undermanned at the present time, which is undoubtedly caused by existing conditions.

Mr. McQUEEN. Are there any comments by VFW?

Mr. JONES. The only difference in our report is that we have a complaint that the canteen and transportation facilities are inadequate. In other respects, the reports pretty well agree.

Mr. McQUEEN. Anything from the DAV?

Mr. MATHEWS. We think that at Perry Point, as in all other hospitals, the present canteen contract system should be discontinued and something similar to that of the Army PX system should be installed.

Dr. BAGGS. Bedford, Mass.: NP; 1,881; population, 1,682. [Reading:]

THE AMERICAN LEGION,  
NATIONAL REHABILITATION COMMITTEE,  
Washington 6, D. C.

#### BEDFORD, MASS., FACILITY (NP, 1,881 BEDS)

No general or specific complaints. Read 136 letters from relatives to patients, who were perfectly satisfied and had no complaints. There are always some restrictions as to treatment, especially the shock therapy. Central office has too much to say as to the efficient running of this hospital. No special encouragement in research, as no time is allowed off and no expense money to attend these clinical meetings and lectures.

There were two cases of abuse by soldier attendants, who were disciplined. State laws are very rigid about abuse.

The recreational facilities are not adequate. Recreational hall is too small for the number of patients. Other facilities are passable. The canteen service should be given more priority to obtain more goods to sell, such as cigarettes, candy bars, etc. Should have dental work, such as sets of teeth, done in Massachusetts. Transportation facilities to and from hospital are not adequate. Transportation very bad. Two busses daily. Ambulances obsolete. Patients in acute buildings 4 and 7 are too crowded. They are disturbed type and the close proximity starts altercations between them. More space is needed very badly. Discipline and morale good, but their complaint is that they are underpaid.

Our recommendation as to type and number of additional beds that may be required for the new load is that a 360-bed building for World War II patients with proper hydrotherapy and all other necessary treatment be authorized and erected immediately.

General and specific recommendations: That a 350-bed building for World War II patients with proper hydrotherapy and all other necessary treatments be authorized and erected. That a new auditorium and gymnasium be erected to take care of the present 1,718 patients to replace the present auditorium erected to take care of the 350 patients of 1928. That a research center be reestablished now for the study of mental diseases. That a 200-bed building be erected to take care of the TB and NP patients. That a pharmacist be assigned to the

hospital. That an assistant X-ray technician be assigned. Assign four more occupational therapy aides. Assign WAC's to hospital to do some of the paper work. Assign 8 more physiotherapy aides. That the manager and chief medical officer of the facility of this type be given greater jurisdiction in the selection of doctors assigned to these hospitals.

## GENERAL COMMENTS

The standards of treatment here are much better than State hospitals.

The food here is very good in quantity and quality.

Plenty of variety and prepared in well-equipped kitchens under fine sanitary conditions.

The committee ate the food, and reports were favorable.

Satisfactory equipment and clinical arrangements are satisfactory.

Cleanliness and neatness in the buildings and on the grounds very good.

Discipline and morale of the patients are satisfactory.

The discipline and morale of the hospital personnel good.

Dr. DOMENGEAUX. What are the facts as to those two cases of abuse that you mentioned?

The CHAIRMAN. That is in Massachusetts?

Mr. DOMENGEAUX. Yes. You said disciplinary action was taken. In what way?

Dr. BAGGS. There were two cases of abuse by soldier attendants who were disciplined.

Mr. KRAABLE. They did not give us the facts of that, gentlemen. They mentioned the facts of these occurrences to show that they had been there and had been disciplined.

Mr. DOMENGEAUX. The notes do not indicate what the nature of the discipline was?

Mr. KRAABLE. Not through our survey.

Mr. McQUEEN. Anything from the VFW?

Mr. JONES. My report is consolidated on those four hospitals, so that will go with the other three.

Mr. McQUEEN. Anything from the DAV?

Mr. TATE. Except for the shortage of beds, which I believe Mr. Kraable brought out, and at Rutland Heights we have no further recommendations except for additional beds.

Mr. McQUEEN. This is for Bedford.

Mr. TATE. At Bedford, they recommended 350 beds for that hospital.

Mr. McQUEEN. Dr. Baggs, you reported that a pharmacist be assigned to the hospital. That does not indicate that there is not a registered pharmacist on duty, does it? That is down there in the last paragraph:

A pharmacist should be assigned to the hospital.

Dr. BAGGS. That a pharmacist be assigned to the hospital?

Mr. McQUEEN. Your report does not indicate that there is not a pharmacist on duty, does it?

Mr. SCRIVNER. That would be the implication.

Dr. BAGGS. It doesn't indicate just what the situation is here.

Mr. DOMENGEAUX. Will you find out, please, the nature of these two cases of so-called abuse?

Mr. MATHES. I can do that by telephone, because they would have to search through a good many records. I can get that by tomorrow. Those reports come in from all the hospitals.

The CHAIRMAN. Will you get that and insert it in the record?

Mr. MATHES. Yes, sir.

Mr. McQUEEN. Your report also indicates that there should be an assistant X-ray technician there, but I presume from the statement in the report there is an X-ray technician there.

Dr. BAGGS. Yes. [Reading:]

that an assistant X-ray technician be assigned.

Well, with this number of patients here it would be perfectly evident that there was an X-ray technician there, and that there is too much work for one man.

Mrs. ROGERS. Is there any statement made about the buildings for the nurses, for the women patients?

That was supposed to be erected, but it is not as yet.

Mr. KRAABLE. The recommendation is that a 350-bed building for World War II patients, with proper hydrotherapy and all of the necessary treatments, be authorized and erected; that a new auditorium and gymnasium be erected to take care of the present 17 patients to replace the present auditorium erected to take care of these 350 patients of 1928, that a research center be reestablished now for the study of mental diseases; that a 200-bed building be erected to take care of the TB and NP patients; that a pharmacist be assigned to that center; that an assistant X-ray technician be assigned; assign four more occupational therapy aides; assign WAC's to hospitals to do some of the paper work; assign 8 more physiotherapy aides.

Mrs. ROGERS. But you do not mention there the hospital for women just outside.

Mr. KRAABLE. No; it does not mention that.

Mrs. ROGERS. Of course that was authorized but they are over a year late.

Dr. BAGGS. Northampton, Mass.: NP; 1,006; present population, 989. [Reading:]

THE AMERICAN LEGION,  
NATIONAL REHABILITATION COMMITTEE,  
Washington 6, D. C.

#### NORTHAMPTON, MASS., FACILITY (NEUROPSYCHIATRIC, 1,006 BEDS)

##### No general or specific complaints.

The hospital authorities feel that they do not have sufficient authority to run the hospital as efficiently as they desire. They feel that they have undue restrictions and regulations under which they must function, especially as to treatment in the use of electric shock and insulin therapy, which is being used in State hospitals. They have encouragement and support in research, etc., but whatever is done in this line is done amongst the staff themselves. No time off and no expense allowed to attend outside clinical meetings and lectures.

There has been one alleged case of abuse by a soldier treatment. No canteen. One should be installed. Operating rooms need modernization. X-ray, fair. Dental, good. Need more chairs. Transportation facilities to and from hospital very poor; one bus daily. Conditions here very bad for space. Entire institution is overcrowded. In building No. 4, where acute cases are, it is so crowded that the patients have very little room to move about. Capacity is 130, and there are 182 patients. The beds are so close that patients can strike each other while stretching their arms, and this is a bad situation in these acute cases. The same is true in the tuberculosis section.

Discipline and morale good, but complaint is that the hospital personnel is underpaid.

Our recommendation as to type and number of additional beds that may be required for the new load: speed up and complete the wings which are under construction by Skolinish Construction Co., of New York, thus adding 200 beds to



relieve some of the overcrowding at present, but additional buildings will have to be built very soon to take care of the new load.

Our general and specific recommendations are: More beds to be authorized for the acute cases and TB patients. More physiotherapy assistance immediately. That occupational therapy section be enlarged. That more NP doctors be assigned as soon as possible. That an effort be made to increase civilian attendants. That our Washington office consult central office on separate administration buildings and adequate reception space for relatives and friends of patients who are visitors. That our Washington office consult with the Construction Division in central office as to the contract now in progress on the two wings as to date of completion and cause of the slow progress. That a clerk-stenographer be assigned to the contact representatives. More beds for the acute cases immediately. Better office space for the clinical director, so he could have some privacy in conversation with relatives of patients.

#### GENERAL COMMENTS

Standards of treatment in the veterans' hospital much better in comparison to the State, county, and municipal institutions in this area.

Food is all prepared in well-kept kitchens under fine sanitary conditions and is as good as any State hospital and in many instances better.

The recreational facilities are adequate.

The cleanliness and neatness of the buildings and on the grounds very good.

The discipline and morale of the patients are satisfactory.

Discipline and morale of the hospital personnel good.

Mr. McQUEEN. Anything from VFW?

Mr. JONES. This is not complete.

Mr. TATE. Our recommendation was 200 additional beds immediately, and 200 for TB cases at the hospital.

Mrs. ROGERS. May I just say that there is a situation of overcrowding at Bedford, also, but I think your report indicated that, does it not, Doctor?

Dr. BAGGS. Yes, sir.

Mrs. ROGERS. The beds are so close together that they are using bay rooms also for beds.

Dr. BAGGS. Rutland Heights, Mass.: TB, 497; population, 444. [Reading:]

THE AMERICAN LEGION,  
NATIONAL REHABILITATION COMMITTEE,  
Washington 6, D. C.

#### RUTLAND HEIGHTS, MASS., FACILITY (TUBERCULOSIS, 497 BEDS)

In January 1945, after Dr. H. J. McKenna, Chief of the Surgical Service, was transferred from this facility, there were numerous complaints relative to surgery as there was a lapse of time between his departure and the date of the appointments of Drs. Overholt and Cotton. However, at the present time the consultants in thoracic surgery are operating at this hospital once a week and there are no complaints of this nature.

Dr. Wilson on duty at this facility from 1925 to 1937 and he returned here as manager on January 1, 1945. Since his return here as manager on January 1, 1945 he has had a number of complaints in regard to food—quantity, quality, and service. He has gone over the dietetic service very carefully; watched the preparation and serving of food in the main dining room and each of the ward dining rooms. Corrective action has been taken insofar as is possible with our present personnel. Our chief trouble is the great number of untrained personnel working in the dietetic department and our inability, also due to lack of trained personnel, to give them proper supervision. However, I do not believe that the complaints in reference to food at this facility are any greater today than they were at any time during his previous service here.

Discipline and morale good of the hospital personnel, but they claim they are underpaid.

Our recommendation as to type and number of additional beds that may be required for the new load; Central Office has approved the erection of a new building to house 150 patients. It is hoped construction on this building will begin shortly after July 1 of this year. It is believed that with these additional beds we will be able to accommodate tuberculosis patients from this area.

## GENERAL COMMENTS

The standards of treatment in the Veterans' Administration hospital are on a par with the State, county and municipal institutions in this area.

The manager and clinical director have sufficient authority to run the hospital efficiently.

Recreational facilities are adequate.

The canteen service is satisfactory and charges are reasonable.

The medical equipment and clinical arrangements are satisfactory.

Periods of hospitalization are proper, provided patients remain to complete their hospitalization.

The discipline and morale of the patients are satisfactory.

Transportation facilities are adequate.

Patients are not crowded. There is sufficient floor space per patient.

The discipline and morale of the hospital personnel good.

Dr. BAGGS. This report would indicate that there are outside consultants that are operating there.

Mr. McQUEEN. It seems to be almost a clear slate, does it not?

Dr. BRAGGS. Yes, not very many complaints.

Mr. KRAABLE. West Roxbury, Mass.: general, medical, surgical, 386; population, 361. [Reading:]

THE AMERICAN LEGION,  
NATIONAL REHABILITATION COMMITTEE,  
Washington 6, D. C.

## WEST ROXBURY, MASS., FACILITY (GENERAL MEDICAL AND SURGICAL, 386 BEDS)

Spoke to a number of patients, but none had any complaints as to medical treatment and hospital care. The hospital authorities feel that they do not have sufficient authority to run the hospital. The central office has too many regulations and restrictions on the manager. These should be removed as the central office does not know the facts facing the manager of this institution. He should be given sufficient authority to run the hospital as efficiently as possible. They feel that there are undue restrictions and regulations under which they must function. The restriction of having the out-patient department opened only to service-connected cases, especially surgical cases. If non-service-connected surgical cases could use the out-patient department for follow-up dressings this would free hospital beds, and the hospitalization period would be shortened.

They do not have encouragement and support in research. No time is allowed off and no expense money to attend these clinical meetings and lectures. Whatever is done in this line is done amongst the staff themselves.

Ambulance is very old and unsatisfactory. X-ray should be modernized. Cardigraph machine is old and should be placed away from the X-ray fluoroscope. Period of hospitalization too long. In some cases the patients are required to remain in receiving wards too long before complete examinations and treatment are started. Especially in surgical ward.

Transportation facilities to and from the hospital are not adequate. Some action should be taken by Veterans' Administration for more frequent and direct service to the hospital by running a bus direct from hospital to West Roxbury Hospital and not making any other stops.

At the present time patients are not crowded but with the increase expected they will be crowded. There is sufficient floor space per patient at present. Discipline and morale good, but complaint is that they are underpaid among hospital personnel, and committee feels that this is so.

Need about 500 beds, domiciliary type of hospital to free medical active beds in hospital. Will need more medical beds, including beds for female patients.

Our general and specific recommendations are:

Open out-patient department to non-service-connected surgical cases. Build a domiciliary hospital. Add more buildings to present hospital increasing beds

to 730 for new load. Have more outside specialists and consultants—especially in NP and surgical. Have medical personnel live in the facility so that they may be reached easily. Have assistant officer of day on call. At present, there is only one for the entire hospital.

## GENERAL COMMENTS

The standard of treatment in veterans' hospitals as compared to the State are just as good and better in many cases.

The food is all prepared in well-equipped kitchens under fine sanitary conditions and is as good as in any State hospital, and in many instances, better.

The committee ate the food and reported favorably.

Operating room very good.

The cleanliness and neatness in buildings and on the grounds good.

The discipline and morale of the patients are satisfactory.

Patients are not crowded, there is sufficient floor space at present.

The discipline and morale of the hospital personnel good.

VETERANS OF FOREIGN WARS OF THE UNITED STATES,  
NATIONAL REHABILITATION SERVICE,  
*Washington 5, D. C.*

## MASSACHUSETTS (FOUR HOSPITALS)

West Roxbury Facility, West Roxbury: General hospital, 386 beds.

Bedford Facility, Bedford: NP hospital, 1,881 beds.

Northampton Facility, Northampton: NP hospital, 1,006 beds (200 under construction).

Rutland Heights Facility, Rutland: TB hospital, 497 beds.

Generally speaking, there are no complaints.

Recommendation is made for—

West Roxbury, at least 500 new beds, including provision for women.

Bedford, at least 400 new beds, immediately.

Northampton, at least 600 new beds, aside from 200 now under construction.

Rutland Heights, no recommendation.

Remarks: There was apparently a very thorough survey of these hospitals; the committee believed that there is too much red tape in the Veterans' Administration generally, advises segregation of World War I and II patients if possible; advises internships in Veterans' Administration hospitals, additional consultants, and general increase in salaries. They add, "On the whole we feel that considering the war conditions today that only those without experience and who are unreasonable can find serious fault in the care given to our veterans over the years by the Veterans' Administration."

VETERANS OF FOREIGN WARS OF THE UNITED STATES,  
DEPARTMENT OF MASSACHUSETTS,  
*Boston, Mass, April 26, 1945.*

SURVEY OF VETERANS' FACILITIES AT WEST ROXBURY, RUTLAND, BEDFORD, AND  
NORTHAMPTON MADE BY DEPARTMENT SURGEON WILLIAM R. MORRISON AND NATIONAL  
CHAPLAIN PATRICK J. LYDON, APRIL 1945

1. Answer. We received no general or specific complaints on the medical treatment and hospital care by the patients.

2. Answer. Last winter there were complaints among the patients in the facility at Rutland regarding diets and not being allowed to enjoy the recreation facilities but a change in administration has remedied these complaints.

3. Answer. We think the standard of treatment in the veterans' hospitals will compare favorably with State and county hospitals. The State hospital has a per capita cost of \$1.17 per day while the veterans' hospitals vary from \$1.95 per day at Bedford to \$2.22 at Northampton. The reason for this higher cost is because they have more personnel who are paid more and the veterans are



served better and more costly food. The State cost for raw food is 30 cents per day while in the veterans' hospitals it averages 48 cents per day. In addition the patients in veterans' hospitals receive free clothing, cigarettes, etc., which the State does not furnish.

4. Answer. There is too much centralization with consequent excess of red tape. In order to replace equipment requisition for even an X-ray tube costing only \$8 must be sent to Washington. An application for a new X-ray equipment which is badly needed at Rutland that would cost about \$6,000 was limited by Washington to not over \$3,000.

5. Answer. The managers have no freedom in hiring doctors who are all assigned by Washington without regard to the training or choice of the individual. A doctor who would prefer work in a mental hospital might be assigned to work at Rutland among tubercular patients and be totally disinterested in that kind of work. During the emergency the managers have some freedom in hiring local nurses but ordinarily these too come from Washington. Managers, because of civil-service rules, cannot discharge or reassign any attendants until they are given a hearing and then are free to appeal to Washington. This is not favorable to efficiency.

6. Answer. Visiting consultants are hired on a fee basis but cannot be paid in any one year above a total of \$3,000 so that when that amount is exhausted they cannot be hired for any more cases during the rest of that year. This should be modified so that any case shall have the necessary attention from competent consultants.

7. Answer. Research is impracticable due to lack of time for doctors to engage in it as well as inadequate laboratory facilities and assistants. Doctors cannot attend medical society meetings, conventions, or take special courses without permission from Washington and they must go at their own expense. The Veterans' Administration should have great special hospitals for mental, tubercular, and general medicine where doctors would be trained along special lines in the latest advances in medicine and where a competent staff of research specialists could carry on experiments. In this way a competent personnel could be developed and a pride in achievement fostered. There is not enough incentive at present for doctors. Their advance like army promotions is regulated by length of service and possible vacancies, and in a few years they reach their top grade which generally is a dead end. There should be examinations along lines of study, experience, and achievement.

8. Answer. There are always a few complaints regarding food, mostly from bed patients. Two complaints were made against the West Roxbury Hospital by relatives who visited relatives who were in extremis and found a boiled dinner that, of course, was untouched. In most of the hospitals since our last investigation there is a check made on what is not eaten by bed patients and a substitute given. This should be a rule for all hospitals, and the ward doctor or ward nurse should be held to give a report at each meal stating what food was not eaten and what, if any, substitute was given. The menus are varied and the food well prepared.

9. Answer. There have been no specific cases of alleged abuse or neglect.

10. Answer. The recreational facilities in all hospitals are entirely adequate. A praiseworthy feature is the regular program of dances, games, and entertainment furnished throughout the year by the organizations of veterans and their auxiliaries.

11. Answer. The canteen service is satisfactory and ceiling prices are observed. Northampton has no canteen. Rutland very properly serves no food in the canteen. Up to about 3 years ago this canteen at Rutland charged a fee for cashing veterans' checks and to obviate this the quartermaster of the Veterans of Foreign Wars makes a trip each month from Boston and carries \$4,000 or more with which he cashes all checks free of charge. We think that this should not be necessary and the finance officer at each facility should cash, without charge, the checks of the patients.

12. Answer. The clinical arrangements are quite satisfactory and the medical equipment also, except that the X-ray equipment at Rutland is not up-to-date and this hospital has no planograph.

13. Answer. Periods of hospitalization are controlled for the most part by the manager and his staff. Except for the West Roxbury Hospital all the cases are chronic and require varying lengths of stay.

14. Answer. We found no complaints that patients were required to remain in receiving wards for too long a period before treatment was started.

15. Answer. Buildings and grounds present a clean and well-kept appearance. The sanitary conditions are excellent. All day rooms are attractively furnished and flowers are found in the dining rooms and infirmary. The kitchens and refrigerators are spotless and the toilets are clean.

16. Answer. The discipline and morale of the patients is excellent even in the mental hospitals. At Rutland, however, the doctors complain that, due to long-standing custom, the patients are allowed to be too active and more or less run the hospital, and that they get entirely too many passes for their own good. The more passes that are granted the more are wanted. The rules for rest for such patients should be more strictly enforced and the patients and their relatives should be informed of this from the start.

17. Answer. Perhaps Bedford, although only 16 miles from Boston, has the poorest transportation facilities. The others all have bus or car lines.

18. Answer. The Veterans of Foreign Wars consider the contact service satisfactory.

19. Answer. The ratio of patients to full-time physicians, nurses, and attendants is better in the veterans' hospitals than in any of the State or county institutions as these figures will prove.

At Northampton the veterans' hospital has 1 physician to every 110 patients, 1 regular nurse for every 35 patients, and 1 attendant for every 6 patients; while the State hospital has 1 physician to every 237 patients, 1 nurse to every 30 patients, and 1 attendant to every 30 patients. Bedford has 1 physician for every 120 patients, 1 regular nurse to every 35 patients, and 1 attendant to every 7 patients. Rutland has 1 physician to every 27 patients and 1 regular nurse to every 12 patients. Nurse assistants are not allowed to do anything except make beds and give baths.

20. Answer. In Rutland and West Roxbury there is no overcrowding. Bedford has inadequate dining space necessitating two sittings. In both Bedford and Northampton some wards are overcrowded due to the fact that patients are sent there in unclassified groups and after arrival some wards of certain groups are already well filled and must be stretched to take in these newcomers after they have been classified. But this overcrowding is not serious and all beds are on at least 5-foot centers which, however, is not enough in some acute cases and may cause disturbance.

21. Answer. The discipline and morale of the hospital personnel is good and there were no complaints except the shortage of civilian attendants which is pretty well taken care of by Army personnel assigned for this work.

22. Answer. Bedford should have separate building to take care of at least 100 tubercular psychotics and there should be additional construction to house at least 300 more mental patients. This need is very urgent. Northampton has in process of construction 200 infirmary beds but needs at least 400 beds, as well as 200 more beds for tubercular psychotics. Rutland has never been overcrowded. West Roxbury should have at least 500 additional beds when we consider that the State of Massachusetts has about half a million men in service. Provision should also be made for the large number of women who are in the service from this section and who in the future will need hospital treatment.

23. Answer. At Bedford about 8 percent of discharges are against medical advice and the chief reason is the insistence of relatives who are anxious to have them home after being in service for 2 or 3 years. At Northampton approximately 13 percent of the patients left against medical advice for the same reason.

24. Answer. Dr. W. Adams in charge of Bedford could use about 10 Wacs to good advantage, but the other hospitals prefer to go along with trained nurses of which there is at present no great shortage.

25. Answer. As far as we could ascertain no patients leave the hospitals against medical advice due to the reduction in pension while being hospitalized.

26. Answer. We found no complaints by patients regarding any lack of information regarding their physical condition or advice as to future treatment upon discharge from the hospital.

27. Answer. Our suggestions are that all doctors should have a choice of the kind of hospitals and should receive at least 6 months in a medical center with special training in their special branch. Periodically they should be allowed to study at approved hospitals to keep abreast of the latest advances in their branch of medicine and this at the Government expense. There should be periodic examinations that could be taken by the doctors to count for their rating and so encourage study and research. Those veterans' hospitals might be opened to training doctors and nurses by providing internships and residences



in specialties and nurses training schools. This would help to keep the older members of the medical and nursing staff on their toes and would tend to improve the entire personnel.

The young veterans of World War II, especially the acute psychotic cases, should be segregated in a separate building with provision for physical therapy.

The chief need as we see it is to cut off the medical department from the Administration and put it in charge of some outstanding medical authority who would be independent and could give wider use to the latest medical treatment. For an example there should be wider use of electric shock treatment in the mental hospitals since it is now so widely used and with increasing good results. In the tubercular hospitals there should be a trained surgeon who would be competent to perform collapsed surgery.

On the whole we feel that considering the war conditions today that only those without experience and who are unreasonable can find serious fault in the care given to our veterans over the years by the Veterans' Administration.

Respectfully submitted.

PATRICK J. LYDON,

*National Chaplain, Veterans of Foreign Wars.*

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On April 20, 1945, a joint inspection of the veterans' facilities at Bedford and Rutland was made by Rev. Patrick J. Lydon, National and State chaplain, and by Dr. William Reid Morrison, State Department Surgeon of the Veterans of Foreign Wars of the United States.

On April 21 the Leeds facility was inspected likewise.

At Bedford we found the official standard bed capacity to be 1,616, with emergency overcapacity 1,881, with 1,718 patients in the hospital as of March 31, 1945. There were 1,143 World War I patients and 387 World War II; Spanish War, 73, and peacetime, 104; retired, 11, with 250 patients on trial visit; 43 World War I and 207 World War II. Total number of authorized positions (civilians) was 550. Total number on rolls March 31, 1945 (civilian) was 365. Vacant positions, 185.

Medical personnel on rolls March 31, 1945, as follows: 13 physicians, 2 dentists, 48 nurses, 116 attendants, 7 occupational therapy aides, 2 physical therapy aides, 3 dietitians. The depleted attendant force is supplemented by assignment of military detachment of 225 enlisted men and 3 officers; 152 are assigned to ward duties.

Admission from December 7, 1941, to March 31, 1945, was 1,906—World War I and Spanish War, 672; World War II, 1,234.

Discharged World War II veterans December 7, 1941, to March 31, 1945, were 640; discharged outright, January 1 to December 31, 1944 were 370; discharged transfer to another hospital, 145; discharged by death, 71; discharged following 1 year trial visit, 125; discharged against medical advice, 94; a total of 805.

Condition on discharge: Recovered, 142; improved, 157; unimproved, 96. Condition on transfer to other hospitals: Improved, 26; unimproved, 119. Operating cost was \$1.95 in March 1945 per day per patient.

For past 3 years 500 additional beds have been asked for at Bedford; 1,000 beds were supplied at Togus, Maine.

There have been no complaints of brutality or beating at Bedford. A patient with acute psychosis (insanity) suffering from a ruptured appendix which has been operated on, must be restrained as he will tear off his dressing and pull out any drains in the belly. The violently insane will injure themselves or the doctors, nurses, attendants, or other patients unless they are restrained. They may smash the glass in the windows and use the broken glass splinters as weapons.

Normally the centers of the beds are 5 feet 8 inches apart as standard wartime conditions now require 5 feet centers.

Relatives often insist on taking patients out of the hospital against medical advice.

Electric shock treatment has been given to 10-12 cases a week, 3 days a week, 30 percent of whom have shown some improvement. Dr. Braverman who has been especially trained at Northport, and in Boston under the well-known psychiatrist, Dr. Abraham Myerson. Dr. Blumenthal and Dr. Zallin have cared for these special treatments.

Dr. Winthrop Adams, manager of Bedford facility, wrote 150 mothers, fathers, wives, and relatives of patients taken at random from the files, asking their



opinion of the care given patients, and he showed us many of the 150 favorable replies. None were unfavorable.

The doctors are all citizens of the United States, graduates of first-class medical schools, and experienced as interns in standard hospitals, such as Boston City, Fall River General, Willard Parks Hospital, New York City, before entering the veterans' facilities.

Dr. Adams, Dr. Zellin, and Dr. Braverman are fellows of the American Psychiatric Association. There are excellent consultants, all but one of whom are known personally by me to be experts in surgery, and orthopedics, eye, ear, nose, and throat, internal medicine, genito urinary diseases, skin diseases, neurosurgery, and X-ray.

The nurses have been trained at, and are graduates of, standard hospitals, such as the New York Polyclinic, Massachusetts Memorial, Taunton, St. Josephs, Symmes Arlington Hospital. They are all registered nurses.

Attendants are paid \$1,500 a year, with food taken out, \$366 a year.

State hospitals per capita per day is \$1.17.

Veterans hospital per capita per day is \$1.95.

State hospital per capita raw food per day is \$0.30.

Veterans hospital per capita raw food per day is \$0.48.

The cost per patient is higher because of more personnel, higher salary rates, better food, and many services are rendered which the State does not give, such as clothing, tobacco, cigarettes, which are supplied at veterans' facilities if the patient has no money.

Precautions are used by all nurses and personnel in contagious cases.

The percentage of improvement in mental cases, compares favorably with the State hospitals. The recreation program opens on Sunday with Catholic, and Protestant services on Sunday, with open house for patients and their visitors and refreshments by courtesy of the Billerica Red Cross Canteen Corps.

On Monday three current events and one history and English classes by disabled Veterans Hospital Service, followed by band concert of first Service Command. On Tuesday orchestra rehearsal by D. V. H. S. movies, feature and newsreel, music hour by the Gray Ladies of the Red Cross, and movies Rainbow Island in technicolor with Dorothy Lamour and Eddie Brackin. On Wednesday movies by the Salvation Army, card games with prizes by the Gray Ladies, followed by Jewish services by Rabbi Hyman J. Landen, chaplain. Bridge party by Wilmington Unit, American Legion Auxiliary, followed by distribution of smokes and candy by the Gray Ladies of the American Red Cross. Then vaudeville by the Massachusetts Elks Association and War Commission. On Thursday the D. V. H. S. give an orchestra rehearsal, followed by Glee Club rehearsal. In the afternoon the Red Cross Gray Ladies distribute smokes, followed by community singing. In the evening Russel E. Hoyt, Auxiliary 299, VFW supplied a home orchestra and refreshments with dancing. On Friday feature and special short subjects were shown at the movies, and in the evening Lake Placid Serenade with Vera Ralston as movie special. On Saturday a bingo party was conducted by the Delta Sorority.

The menu of Friday, April 13, 1945, a week earlier than our visit revealed for breakfast, orange halves, puffed wheat, griddle cakes and syrup, toast, butter, coffee, and milk. For dinner there was stuffed baked fish, mashed potatoes, mashed rutabagas, dill pickles, grapefruit halves, graham crackers, dark or white bread and butter, with coffee, tea, or milk.

For supper there was beef-vegetable soup, macaroni and cheese, broiled bacon, shredded carrot and raisin salad, pumpkin pie, dark or white bread and butter, coffee, tea or milk.

On Sunday April 15, 1945, there was broiled bacon for breakfast, grapefruit halves, cornflakes, toast, butter, coffee, and milk, fried chicken for dinner, and chocolate ice cream in addition to mashed potatoes, buttered string beans, orange and lettuce salad, dark or white bread and butter, coffee, tea, or milk.

Sunday supper consisted of cold cuts, potato salad, tomato wedges, orange halves, dark or white bread and butter, coffee, tea, or milk.

Father Lydon and I enjoyed an excellent meal at this hospital on April 20, eating the identical food served the inmates.

The hospital has an excellent supply of meats, including bacon, sugar, coffee, vegetables; and they raise their own bacon, pork, and chickens from their own farm. Bacon, butter, fried chicken, beef stew, roast beef, roast lamb, hamburgers, New England boiled dinner, lamb stew, pot roast of beef, creamed chicken, stuffed

baked fish, beef-vegetable soup, little pig sausages were served on the menus of April 9 to April 15, 1945. This bill of fare smacks more of the Copley Plaza Hotel in Boston rather than the Bowery flophouses.

We then visited Rutland Veterans' facility, and were courteously greeted by the manager, Dr. John W. Wilson.

There is no overcrowding here, since the official bed capacity is 497 with overcapacity of 17. There are now 490 patients in the hospital as of April 20, 1945, World War I, 193; World War II, 286; Others, 11. Patients on furlough 18, World War I, 5; World War II, 13.

Admission from December 7, 1941, to March 1, 1945, were World War I, 2,793; World War II, 917. World War II discharges from December 7, 1941, to March 1, 1945, were 727.

Total number of authorized personnel (civilian) 316 full-time, 5 part-time. Total number on duty rolls March 1, 1945, was 232 full-time, 5 part-time, plus 14 commissioned officers and 105 enlisted men changed every 6 month, 70 percent are overseas veterans disqualified for overseas service. Vacant positions were 82.

Medical personnel on roll March 1, 1945, was 155 full-time, 2 part-time. The number of physicians was 16, 2 dentists, 45 nurses, 33 attendants, 4 occupational aides, 3 physical therapy aides, 3 dietitians, 47 kitchen employees. Thirty-two vacancies among attendants, 18 vacancies among kitchen help. The enlisted men from the Army fill vacancies.

Father Lydon and I, without the manager, interviewed many of the patients, who appeared well-fed and happy, with no complaints.

Average cost per day per patient was \$1.15. The percentage of deaths at veterans' facility at Rutland for 1944 was 23.7 percent, at Rutland State Sanatorium 20.3 percent and at Worcester County Sanatorium 19.5 percent.

The menu for the week beginning April 16, 1945, had a generous assortment of grilled ham, meat pie, corned beef and cabbage, Spanish omelet, baked liver and onions, bacon, eggs, Swiss steaks, baked fish, sardines, pot roast of beef, sliced liver, roast loin of pork and apple sauce. Such a varied diet is not obtainable for the average American family.

All the doctors are graduates of class A medical schools in America with internship except one from the University of Vienna who is a naturalized citizen. He interned in several American hospitals including a residency in tuberculosis.

Drs. Overholt and Cotton are experienced chest surgeons as consultants. From March 8 to April 19, a little more than a month, there were 21 thoroplasties (removal of ribs to collapse lung). Collapse therapy of World War II patients was given to 50 percent of all patients, 20 to 25 percent of World War I veterans were given collapse therapy.

We interviewed the chief of the medical service, Dr. Rubin H. Kaplan, A. B., Cornell, 1928, M. D. St. Louis Medical School. He served as intern at the Harlem Hospital, New York, for 2 years and was resident tuberculosis intern at Los Angeles Sanatorium. He had a Trudeau course at Saranac Lake and has worked in the chest clinic of Washington University at St. Louis. One doctor was a naturalized citizen, born in Poland. He had adequate internship in American hospitals.

The nurses are all registered nurses, graduates of Philadelphia General, Massachusetts General, Worcester City, Worcester Memorial, St. Vincents Hospital, and other standard hospitals. Practically all the younger nurses have entered the armed services, causing 11 vacancies in the nursing staff. There are 12 to 13 patients per nurse. There are no nurses aides, which are needed; nurse's assistants are allowed only to make beds and give baths.

An excellent religious and recreational program is put on each week, Catholic and Protestant Church services, movies, circus, stage shows, etc.

On April 21, 1945, the veterans' facility at Leeds was inspected.

The official standard bed capacity is 774. Emergency overcapacity is 1,006. Patients in hospital on March 1, 1945, were 993. Of these World War I were 655; World War II were 240; Spanish War, 28; peacetime, 67; retired 3. Patients on trial visit at home on March 1, 1945, were 117. Admission from December 7, 1941, to March 1, 1945, were 1,154. World War I, 243; World War II, 878; Spanish War, 11; peacetime, 22. World War II discharged December 7, 1941, to March 1, 1945, were 544.

Total number of authorized civilian personnel was 322. Total number on duty rolls March 1, 1945, was 251, with 71 vacancies.



Medical personnel on roll March 1, 1945, was 163. Number of physicians was 12, one dentist, 25 nurses, 74 attendants, 4 occupational therapy aides, 2 physical therapy aides, 2 dietitians, 31 kitchen employees.

The required number of attendants are 125, 74 are now employed, 51 vacancies. The required number of kitchen employees are 35, 31 are employed, with 4 vacancies. Military personnel are 119.

The per capita cost per patient is \$2.22.

The bed centers are 5 feet apart. One thousand two hundred to one thousand five hundred bed enlargement of this facility has been asked for. Four years ago an extra building for acute cases was requested, and last year a request for a building for tubercular patients was asked for.

All the doctors are from class A medical schools, four of them are fellows and members of the American Psychiatric Association; Dr. Dobson, Dr. O'Neil, Dr. Brown, and Dr. Plumb.

Two hundred to three hundred patients for the last 2 to 3 years have been given electro-shock treatment. Insulin shock treatment has been little used, but subshock and insulin tonic treatment have been given to approximately 200 patients in past 2 to 3 years.

Religious and recreational programs are excellent. Beano and card parties, swimming, movies, band rehearsals, dancing, library hours are on the program.

#### CONCLUSIONS OF FACT

1. At Bedford and Leeds there is some overcrowding, not an excessive amount under wartime conditions.

At Rutland there is no overcrowding.

2. Class A medical school doctors who have had post graduate hospital internships, and registered nurses from accredited standard hospitals give good care to the patients.

3. Excellent well-kept grounds, buildings, and equipment are evident. There are no "hell holes" in veterans' facilities in Massachusetts.

4. The food is adequate, including a good supply of meats, including bacon and pork, fish, butter, sugar, eggs, milk, fruits, and vegetables.

5. There is an adequate supply of coal and oil for heating.

6. Reasonable care and the accepted procedures in their community are available for the patients.

#### SUGGESTIONS

(a) Additional consultants, fellows of the American College of Surgeons, or preferably fellows of the American Board of Surgery, of laryngology, of roentgenology, of psychiatry, neuro-surgery, and other specialties should be appointed for each facility and adequately paid, not underpaid as at present. Doctors who are veterans of World War I and II should be given preference.

(b) The Veterans' Bureau should especially train doctors, after graduation from class A medical schools, followed by the usual internships and residencies at accredited hospitals. Those interested in tuberculosis and disease of the chest, should be sent, at Government expense, to Saranac Lake or other well-known chest centers, for special training in that specialty, under recognized authorities in that line. Those interested in psychiatry or surgery should be sent to other similar training centers. Refresher courses should be given at Government expense from time to time.

(c) Salaries should be increased to make the Veterans' Bureau positions more attractive for a professional career. Five thousand dollars a year with maintenance should be a minimum salary for a doctor of medicine. Ten thousand dollars with maintenance a year should be given to facility managers who should be doctors of medicine and not laymen. Bedford, Rutland, and Leeds have doctors of medicine as managers. During the last depression, salaries were cut 15 percent, yet during the present high cost of living, salaries have not been increased.

(d) There should be decentralization of authority. The managers of these facilities should be authorized to procure needed small equipment, or discharge an unsatisfactory employee without recourse to Washington.

(e) One thousand and two hundred dollars every 3 months for maintenance is not enough appropriation for each facility.

(f) The amount of money available to pay qualified surgical experts is not enough at present. All the money available may be used up in the first 6 months



of the year, limiting the amount of elective surgery, but enough for emergency surgery.

(g) The Veterans' Bureau and its managers should encourage young doctors to enroll as junior members of the American College of Surgeons and train the most promising to become senior fellows of the college, or fellows of the American Board of Surgery or other specialty.

(h) As surgeon for the Department of Massachusetts, Veterans of Foreign Wars, at the Brockton Convention on June 25, 1943, 2 years ago, I recommended enlargement of the West Roxbury Veterans' Facility to 2,000 beds.

I further urged the establishment of permanent veterans' hospitals preferably in or about Boston, to the extent of 8,000 beds to accommodate the sick and wounded of the present war.

If these recommendations had been heeded, the present overcrowding would not exist.

WILLIAM REID MORRISON,<sup>1</sup> M. D.,  
*Department Surgeon, VFW of Massachusetts.*

Mr. McQUEEN. That completes Massachusetts for your report; is that it?

Mr. KRAABLE. That is right.

Mr. McQUEEN. Now, has DAV got anything on Massachusetts, General?

Mr. TATE. I think that the recommendations that have been made by the Legion cover the specific ones that were made by the DAV, and in general, we concur with the recommendations of the Legion.

Mr. McQUEEN. Has the VFW got any comments?

Mr. JONES. My report here is consolidated. I only want to comment very briefly on the bed situation at West Roxbury.

We have asked for at least 500 new beds, including provisions for women patients. At Bedford they say they need at least 300 to 400 new beds immediately, and at Northampton at least 600 new beds in addition to 200 now under construction.

In summarizing on the four hospitals, the committee says [reading]:

The committee believes that there is too much red tape in the Veterans' Administration generally. Advise segregation of World War I and II patients, if possible.

Advise internship in Veterans' Administration hospitals, additional consultants, and general increase in salaries.

They add:

On the whole, we feel that, considering the war conditions today, only those without experience and who are unreasonable can find serious fault in the care given to our veterans in these hospitals.

We were discussing Bedford, I believe, about mistreatment. We have a notation here [reading]:

There have been no complaints of brutality or beating. A patient with acute psychosis, suffering from a ruptured appendix which has been operated on, must be restrained as he will tear off his dressing and pull out any drains in his incision.

I do not know what he meant there. Probably they did not have the proper attendants or nursing help for some of the mentally acute patients that have some acute physical disability that required surgery.

Mrs. ROGERS. I was at West Roxbury Hospital one day when your group was going through investigating. They do not mention, do they, specifically, the great difficulty that West Roxbury has been experiencing in securing exercising frames for the beds, for the spinal

<sup>1</sup> Fellow of the American College of Surgeons, a founder of the American Board of Surgery, a senior visiting surgeon, Boston City Hospital.

cases? They have a number there, and the boys are very uncomfortable because they have no way of exercising to become strong in the arms.

They have nothing that they can exercise on.

Mr. KRAABLE. I wonder if they refer to that in the matter of outpatient treatment or surgical cases?

Mrs. ROGERS. No; these are spinal cases, very difficult cases. Dr. Monroe at the City Hospital is taking some of them to that hospital and teaching them to work. He will have a clinic at West Roxbury if he can secure a doctor who is trained in that kind of work. The Veterans' Administration, I think, has going on 700 spinal-cord cases, considered hopeless. I know, when I saw them in England, and now, thank Heaven, they are teaching many of them to walk with these self-supporting devices.

Mr. JONES. I would like to state that our survey was combined with—was made by William Reed Morrison, M. D., who is the department surgeon for the Veterans of Foreign Wars and is a fellow of the American College of Surgeons and founder of the American Board of Surgery.

Mrs. ROGERS. The VFW have made many complaints that have come on.

Mr. JONES. I think that is pretty general.

Mrs. ROGERS. But I think it would be very helpful if that could go into your report. I know all of the organizations have been submitting that so steadily, and that West Roxbury—at that hospital they are taking up room and causing great confusion for the sick patients there.

Mr. MATHES. I have the exact facts as to the Bedford case, if you desire them.

Mrs. ROGERS. I would like to have them.

Mr. MATHES. Two pharmacists' positions have been authorized there, one of them at a relatively recent date, so at the time this report was made, evidently only one pharmacist physician was authorized. That position became vacant on March 11 because the man died. They got another one, evidently in the period when no one was there. They got a new man and he went there on April 27—supposed to be there April 27, and we assume that he went.

The second man was supposed to report there on June 16, which is tomorrow.

Mr. KRAABLE. This report was made April 11, so that clears it up.

Mr. McQUEEN. Mr. Chairman, those charts that I laid on the table there—I tried to keep down the number—those are general recommendations made by each of the organizations, recommendations of each organization for the entire United States, and if you will consult the charts you will see that a great many of them are exactly the same or very similar and we can take out a lot of questions about different States or hospitals, I think, and probably move this along a little bit faster.

Mr. STIGLER. Put that in the record, will you?

Mr. McQUEEN. I will when you get through with the questions.

Mrs. ROGERS. I know your group inspecting hospitals was very much interested in having a doctor who would be trained now by Dr. Monro at Boston City Hospital in the care of the neuro-injury cases, and they

fully expect to have him. That is one reason I am so anxious to have the head of the Veterans' Administration or the department, whatever it is, be given more authority.

Mr. KRAABLE. We come now to the State of Michigan, Mr. Chairman.

Dearborn: General medical and surgical; authorized capacity for this is 463; population, 379.

I may state for the benefit of the committee that this is signed by the department commanders of the three organizations. They each have the same report. It is quite an extensive summary. [Reading:]

THE AMERICAN LEGION,  
NATIONAL REHABILITATION COMMITTEE,  
Washington, D. C.

DEARBORN, MICH., FACILITY (GENERAL MEDICAL AND SURGICAL, 463 BEDS)

Due to shortage of laboratory technicians, patients are kept in the receiving ward for too long a period of time before being assigned to a ward for specific treatment. No remedial action has been taken by the Veterans' Administration in these cases. The food served at beds is usually cold or luke warm. Many patients on specific diets believe the food could be more varied. Would suggest that different method or different apparatus that would keep food warm when served the bed patients. There are no complaints insofar as the patients are concerned who sat in the dining room.

Patients remaining an unreasonable length of time in the admitting ward, feel they are neglected—particularly if they are admitted for surgery—due to the fact that the shortage of help and the heretofore mentioned laboratory technicians necessitates quite a period of time before their clinical charts can be prepared, and they are admitted to other wards for either surgery or general treatment.

The chief medical officer does not feel that he has sufficient authority to run the hospital as he might. The manager should be given authority to establish and fill temporary positions where the need therefor has been determined as qualified eligibles become available. Delays in securing approval of an applicant for filling a centralized position have also resulted in loss of qualified eligibles. If field offices were permitted to process all applications through the nearest regional office of the Civil Service Commission and place the eligible on duty, we would be in a position to avail ourselves of the services of well qualified applicants. Chief medical officer feels that there are undue restrictions and regulations under which he must function. This has to do specifically with personnel, authorization of the various medical activities, and prosthetic appliances which are not under contract; the use of contract or noncontract hospitals whose fees are in excess of the fees schedule. More specifications might be found if there were sufficient time to thoroughly consider every function of the chief medical officer.

Chief medical officer has no authority or latitude relative to the employment of doctors, the assignment being entirely centralized. Medical staff does not feel they have encouragement and support in research, in participating in clinical meetings, medical lecture courses, etc. Assignment to such courses is done by central office and can only be made if the station can get along without the services of the individual assigned and he, in turn, must pay all expenses incident to such assignment. Instructions relative to the curtailment of leave at the present time preclude individual medical officers from attending such courses. Special courses of instruction in various specialties are practically nonexistent at this time in the Veterans' Administration.

The recreational facilities are not adequate. In this facility patients are not permitted outside of the hospital area though they are convalescent.

World War II veterans feel this restriction is unreasonable. Immediate arrangements should be made for the outside construction of shuffleboard courts, horseshoe courts, etc., so that the patients physically able can use these during the summer months. Arrangements should be also made so that some wheelchair patients could be taken out on the grounds under the supervision of attendants.

Quarters allotted the canteen service are far too small. Prices up to the present time of food and other articles are reasonable. Dental clinic is inadequate as to the sufficient number of personnel needed to service an area of this size. In the laboratory there is an insufficient number of technicians. An additional pharmacist is required in the pharmacy.



Patients feel they are required to remain in receiving wards too long before complete examinations and treatments are started. The hospital is not as clean as it should be, due to lack of attendants and personnel. Close confinement because of lack of recreational facilities, including outdoor privileges, has reduced morale of patients—particularly those of World War II. Transportation facilities to and from the hospital are not adequate. It takes approximately 1½ hours to travel from metropolitan Detroit to the Veterans' Administration facility, Dearborn, Mich. Shuttle busses should be furnished, making regular trips to and from downtown Detroit.

The morale of the hospital personnel is not satisfactory at the present time because of the low salary of pay in all divisions. Doctors, nurses, attendants, technicians, office help can all secure larger salaries in outside work.

In checking the records for the year 1944, it is our estimate that the necessary number of beds to handle the present and anticipated load in this facility is as follows: 2,500 general medical and surgical; 400 tuberculosis; the quantity of neuropsychiatric beds is unknown, but based upon all information we can secure, between 700 and 800 additional neuropsychiatric beds will be necessary.

Our general and specific recommendations and comments are:

Return to civilian status as soon as practicable by all doctors now operating as commissioned officers. Upward revision in salaries of entire hospital personnel. Medical Corps within the Veterans' Administration, or some other practical program which would attract competent, progressive doctors and surgeons. More recreational facilities, including outdoor privileges. Due to the paper work each ward physician is required to handle, without proper assistance, it is advised that proper stenographic help be secured to assist the ward physicians in preparing medical reports. Sufficient number of laboratory technicians to handle both the hospital and out-patient load efficiently. Simplification of regulation and procedure. Immediate securing of necessary attendants and reopening of fourth floor wing, giving to this facility 65 additional beds now vacant due to lack of attendants. An additional pharmacist and dentist should also be secured. Designated dentists should be approved to operate on a fee basis in this area. A new recreational aide should be secured. At the present time the one functioning here, although sincere in her efforts, is not progressive enough or of the right temperament to satisfy the veterans in the Dearborn Facility.

The treatment afforded to veterans who have tuberculosis at this facility is not satisfactory—particularly non-service-connected cases. The State of Michigan, in our opinion, is being discriminated against in comparison with the treatment given tuberculosis cases in other States. Records will show that many cases of active tuberculosis have applied at this facility for hospitalization, the applications have been sent to various Veterans' Administration facilities where the proper tuberculosis care and treatment could be given, such as Sunmount, N. Y., and Wood, Wis., and in many instances it has taken from 3 to 4 months before hospitalization could be secured and authorized for these veterans.

Arrangements should be made immediately to the effect that the chief medical officer and the chief of out-patient and receiving at this facility would have some method of securing immediate hospitalization for non-service-connected emergency tuberculosis cases. Where an emergency tuberculosis case develops, the veteran can be admitted to this facility, but, because of lack of proper facilities, equipment, space, etc., the treatment is not satisfactory. We therefore recommend the immediate erection of a 400-bed tuberculosis hospital on property adjacent to the Dearborn Facility that Henry Ford is willing to donate. Records will show that the State of Michigan has never had adequate Veterans' Administration general medical and tuberculosis facilities.

The hospital staff be rearranged providing for competent specialists in each branch of medicine and surgery, particularly orthopedic and brain surgery. Authority should be granted to call in consultants when indicated. It is believed that a ward surgeon should not be expected to take care of more than 40 patients in a general medical hospital. At the present time, each ward surgeon has approximately 65 patients. The manager should have authority to make final decisions, so that you would not have a repetition of the very disappointing experience of furnishing housing for military attendants. There is entirely too much delay between the date the manager makes a recommendation to central office and approval is granted.

Chief technician is overworked and underpaid. This is another situation that should be eliminated.

The department commander believes that Medical Corps men should be sent here at the earliest possible date but that direct contact should be made with Guy Palmer, manager of the Dearborn Facility, before this is done.

## GENERAL COMMENTS

Medical equipment such as X-ray, physiotherapy is satisfactory.

Conditions are not crowded to the extent that in any way affect the treatment of the patients.

There is sufficient authority to appoint nurses, attendants.

Mr. SCRIVNER. Is there any specific fact upon which they base their allegation that the TB patients, veterans, in Michigan, are discriminated against in favor of other States? What do they base that on?

There is no reason why the treatment should be any different in Dearborn Hospital than it is in any other hospital, is there?

Mr. KRAABLE. That is a general, medical, surgical hospital, Mr. Scrivner, and they do not look with favor on TB wards at G. M. S. hospitals.

Mr. SCRIVNER. But most of them have them?

Mr. KRAABLE. I think they are appealing for more TB hospitals in that part of the country.

Mr. SCRIVNER. If they are treated the same as they are in Kansas—they have the TB ward in the facility at Wadsworth.

Mr. KRAABLE. I think the point is, Mr. Scrivner, that the TB patients in a ward within a G. M. S. hospital do not get the same attention and break as those in a completely TB facility.

Mr. SCRIVNER. That is not what they said, though. They said they were being discriminated against. That the TB veterans of Michigan were being discriminated against, not being treated the same as they were in other States.

Mr. KRAABLE. I will get that particular question, sir. Here it is in full text, Mr. Scrivner. [Reading:]

The treatment afforded to veterans who have tuberculosis at this facility is not satisfactory, particularly non-service-connected cases. The State of Michigan, in our opinion, is being discriminated against in comparison with the treatment given tuberculosis cases in other States. Records will show that many cases of active tuberculosis have applied at this facility for hospitalization.

The applications have been sent to various Veterans' Administration facilities, where the proper tuberculosis treatment could be given, such as Sunmount, N. Y., and Wood, Wis., and in many instances, it has taken from 3 to 4 months before hospitalization could be secured and authorized for these veterans.

It is the geographical location either by or in the State.

Mr. SCRIVNER. Of course, that is going to be true in many States.

Mr. KRAABLE. That is right.

Mr. SCRIVNER. So I do not see that there is any foundation for the charge there of being discriminated against. I also wonder why they seem to indicate, or imply, that the non-service-connected TB case is being treated differently from the service-connected case, for which there could be no reason or excuse.

Mr. McQUEEN. Apparently, there the complaint is that there is not—this is not a TB hospital.

Mr. SCRIVNER. That is not what it says. It says there "being discriminated against in Michigan, in comparison with the treatment given tuberculosis cases in other States."

Mr. KRAABLE. We therefore recommend immediate erection of a 400-bed tuberculosis hospital on property adjacent to the Dearborn that Henry Ford is willing to donate. The record will show that the city—the State of Michigan has never had an adequate Veterans' Administration general medical and tuberculosis facility. I think the underlying thought there, Mr. Scrivner, is that they want a TB hospital.



Mr. SCRIVNER. That is what I wanted to clear up. I can see why they would ask for it, but I didn't think their allegation that they are being discriminated against was fair.

Mr. JONES. I think they could have better use of language. We have the same situation in many other States where we do not have a TB hospital in the State, and it is necessary to put them in the TB ward temporarily until they can be sent into other beds. I think that is pretty general.

Mr. McQUEEN. The record shows that this is a joint report, and everybody concurs. Is that right?

Mr. JONES. That is right.

Mr. McQUEEN. Both other organizations.

Dr. BAGGS. Fort Custer, Mich.; NP; authorized, 1,879; population, 1,821. [Reading:]

THE AMERICAN LEGION,  
NATIONAL REHABILITATION COMMITTEE,  
Washington 6, D. C.

FORT CUSTER, MICH., FACILITY (NEUROPSYCHIATRIC, 1,879 BEDS)

No general or specific complaints.

The discipline and morale of the hospital personnel in this facility is overwork and underpay.

Three new buildings are being added to the Fort Custer institution at the present time which will accommodate between 500 and 600 patients. One building is for acute cases, and the other two buildings are for continuous treatment and will take care of any type of patient other than acute. We believe that with the added expansion it will still be inadequate to meet anticipated future needs.

For a time a great many patients were being removed against medical advice shortly after being received from the military service. This has greatly lessened during the past year until now it is rather exceptional for a relative to remove a patient against medical advice. However, it is still somewhat of a problem and one for which there seems to be little or no solution. Too many mothers and fathers feel that a mental illness cannot possibly attack any member of their family. Prejudice and wishful thinking is the cause of practically all removals against medical advice.

We have received very few complaints on the Veterans' Administration facility at Fort Custer recently, except the difficulty in having mental patients admitted, particularly non-service-connected cases. We understand the facility has more patients than was originally contemplated for the present space. However, in view of the pending load, we would not care to say the facility is overcrowded.

We do believe that 2,500 is the maximum amount of mental patients which should be under the jurisdiction of one facility. We would, therefore, suggest that the Veterans' Administration immediately survey the possibility of erecting an additional mental hospital in this State.

GENERAL COMMENTS

The treatment given medical patients at this facility is far superior than that given by State, county, and municipal institutions.

Doctors are given a great deal of liberty as to clinical comments, symposiums, medical lecture courses, etc. The Veterans' Administration gives frequent post-graduate courses.

The food is considered to be excellent and above that received by the general population, well planned as to proteins, carbohydrates, fats, minerals, vitamins, etc., and the number of calories furnished per patient is all that is required.

The care received by the patients is of a high type and has been improved over recent months as the institution was able to secure the services of soldiers.

The recreational facilities have been increased manifold during recent months. The services of outside organizations and persons have been secured, and much has been done to entertain the patients.

The canteen service is satisfactory, and prices charged are no greater than those charged for the same article as in the surrounding towns.

The medical equipment is as good as can be found in any institution.



Cleanliness and neatness in the buildings and on the grounds are of high order. Discipline and morale of the patients are considered to be satisfactory. Patients are not too crowded.

Mr. McQUEEN. Generally speaking, that is a very good report for that particular facility.

Dr. BAGGS. Yes, sir.

Mr. SCRIVNER. It was somewhat different from the picture that the Cosmopolitan article gave of conditions existing in Michigan.

Mr. McQUEEN. On the same kind of facility.

Now, the DAV and the VFW made a joint report also on this facility, did they not?

I will put your reports in the record.

(The reports referred to are as follows:)

JOINT REPORT OF THE AMERICAN LEGION, DISABLED AMERICAN VETERANS, AND  
VETERANS OF FOREIGN WARS

MICHIGAN (TWO HOSPITALS)

Dearborn Facility, Dearborn: General hospital, 463 beds.

Complaints of delay in admitting ward, treatment of TB patients unsatisfactory, critical shortage of attendants and personnel, lack of recreational facilities, and insufficient quarters for canteen.

Recommendations: Administrative correction of above and construction of 2,500 general medical and surgical beds, 400 TB beds, 800 NP beds.

Fort Custer Facility, Fort Custer: NP hospital, 1,862 beds (500 new beds under construction).

Complaints: None, except difficulty in having patients admitted.

VETERANS' ADMINISTRATION FACILITY, DEARBORN, MICH.

1. Question. Are there any general or specific complaints on the medical treatment and hospital care received by the patients? If so, please describe briefly.

Answer. Due to shortage of laboratory technicians, patients are kept in the receiving ward for too long a period before being assigned to a ward for specific treatment.

2. Question. Has remedial action been taken by the Veterans' Administration in these cases or others which may have been previously reported?

Answer. No.

3. Question. What is your opinion of the relative standards of treatment in the veterans' hospitals as compared to the State, county, and municipal institutions in the same area?

Answer. The Veterans' Administration facility, Dearborn, Mich., is not on a par with such State institutions as the University Hospital at Ann Arbor, Mich., or the Seymour Hospital at Eloise, Mich. It is on a par, however, or superior to such institutions as the Receiving Hospital, city of Detroit. If the Dearborn Facility were furnished with adequate hospital attendants, laboratory technicians, with other help, it would be on a par with county, State, and municipal institutions, with the exception of those mentioned above.

4, 5, 6, and 7. Answers are contained on the attached sheet.

8. Question. What definite complaints, if any, are there as to the quality, quantity, variety, and preparation of food in the veterans' hospitals?

Answer. Under existing conditions, we cannot complain upon the quality, quantity, and variety of food; however, the food served to bed patients is usually cold or lukewarm. Many patients on specific diets believe the food could be more varied. Would suggest a different method or different apparatus that would keep food warm when served the bed patients. There are no complaints insofar as the patients are concerned who eat in the dining room.

9. Question. Have there been, or are there, any specific cases of alleged abuse or neglect of patients?

Answer. Patients remaining an unreasonable length of time in the admitting ward feel they are neglected—particularly if they are admitted for surgery—due to the fact that the shortage of help and the heretofore mentioned laboratory technicians necessitates quite a period of time before their clinical charts can be prepared and they are admitted to other wards for either surgery or general treatment.

**10. Question. Are the recreational facilities adequate?**

Answer. No. In this facility patients are not permitted outside of the hospital even though they are convalescent. World War II veterans feel this restriction is unreasonable. Immediate arrangements should be made for the outside construction of shuffleboard courts, horseshoe courts, etc., so that the patients physically able can use these during the summer months. Arrangements should also be made so that some wheel-chair patients could be taken out on the grounds under the supervision of attendants.

**11. Question. Is the canteen service satisfactory, and are the prices charged veterans reasonable? If not, please describe.**

Answer. Quarters allotted the canteen service are far too small. Prices up to the present time of food and other articles are reasonable.

**12. Question. Are the medical equipment and clinical arrangements satisfactory?**

Answer. Medical equipment, such as X-ray, physiotherapy, etc., is satisfactory. Dental clinic is inadequate as to the sufficient number of personnel needed to service an area of this size. In the laboratory there is an insufficient number of technicians. An additional pharmacist is required in the pharmacy.

**13. Question. Are the periods of hospitalization proper? Too long? Too brief?**

Answer. Under existing circumstances the periods of hospitalization are satisfactory. Should additional help, such as attendants, etc., be secured immediately, periods of hospitalization of many patients could be shortened.

**14. Question. Do patients feel they are required to remain in receiving wards too long before complete examinations and treatment are started?**

Answer. Yes. Due to conditions mentioned above.

**15. Question. How about cleanliness and neatness in the buildings and on the grounds?**

Answer. Due to lack of attendants and other personnel, the hospital is not as clean as it should be.

**16. Question. Is it felt that the discipline and morale of the patients are satisfactory?**

Answer. Close confinement because of lack of recreational facilities, including outdoor privileges, has reduced morale of patients—particularly those of World War II.

**17. Question. Are the transportation facilities to and from the hospital adequate?**

Answer. No. It takes approximately 1½ hours to travel from metropolitan Detroit to the Veteran's Administration facility, Dearborn, Mich. Shuttle busses should be furnished making regular trips to and from downtown Detroit.

**18. Question. Is the contact service considered satisfactory and adequate by the VFW?**

Answer. Yes; considering the number of new employees.

**19. Question. How does the ratio of patients to full-time physicians and surgeons, nurses and attendants in the veterans' hospital compare to that in State, county and municipal institutions?**

Answer. Nurses and doctors favorable. Attendants, unfavorable. In our opinion, this is due to the extremely low pay by the Veterans' Administration for attendants and medical personnel.

**20. Question. Are the patients too crowded? Is there sufficient floor space per patients?**

Answer. On the basis of a waiting list larger than the capacity of the hospital, conditions are not crowded to the extent that in any way affect the care and treatment of the patients.

**21. Question. How do they find the discipline and morale of the hospital personnel? What are their complaints, if any?**

Answer. The morale of the hospital personnel is not satisfactory at the present time because of the low salary of pay in all divisions. Doctors, nurses, attendants, technicians, office help, can all secure larger salaries in outside work.

**22. Question. What is your recommendation as to type and number of additional beds that may be required for the new load?**

Answer. In checking the records for the year 1944, it is our estimate that the necessary number of beds to handle the present and anticipated load in this facility is as follows: 2,500, general medical and surgical; 400, tuberculosis; the quantity of neuropsychiatric beds is unknown, but based upon all information we can secure, between 7,000 and 8,000 additional neuropsychiatric beds will be necessary.

**23. Question. What percentage of the patients are leaving the hospital against medical advice? Why?**

Answer. According to 1944 hospital records, 96 against medical advice (17 from receiving service for the reasons that they were retained in the receiving service too long) ; 162 absent without official leave (84 from receiving service).

24. Could better personal care be furnished with staff aide program of WAC's trained in hospital routine, thus relieving nurses for more important duties?

Answer. Yes.

25. Question. What percentage of patients without dependents leave the hospitals against medical advice due to the reduction in pension while being hospitalized?

Answer. Correct figures are not available, but from direct contacts many wish to leave and do leave because of hardships inflicted by the reduction of pension. In our opinion, patients both service-connected and those in receipt of permanent and total non-service-connected pension should receive the full amount of pension allotted to them regardless if they have dependents or not.

26. Question. Are there any complaints on the part of the patients regarding the lack of information given them as to their medical condition and advice as to future treatment upon being discharged from the hospital?

Answer. Yes, as to information regarding their medical condition while hospitalized. No, as to future treatment after discharge.

27. Question. What general or specific recommendations would you offer as to the medical treatment and hospital care of veterans in Veterans' Administration facilities?

Answer. (1) Return to civilian status as soon as practicable by all doctors now operating as commissioned officers.

(2) Upward revision in salaries of entire hospital personnel.

(3) Medical Corps within the Veterans' Administration, or some other practical program which would attract competent progressive doctors and surgeons.

(4) More recreational facilities, including outdoor privileges.

(5) Due to the paper work each ward physician is required to handle without proper assistance, it is advised that proper stenographic help be secured to assist the ward physicians in preparing medical reports.

(6) Sufficient number of laboratory technicians to handle both the hospital and out-patient load efficiently.

(7) Simplification of regulations and procedure.

(8) Immediate securing of necessary attendants and reopening of fourth-floor wing giving to this facility 65 additional beds now vacant due to lack of attendants. An additional pharmacist and dentist should also be secured.

(9) Designated dentists should be approved to operate on a fee basis in this area.

(10) A new recreational aid should be secured. At the present time the one functioning here, although sincere in her efforts, is not progressive enough or of the right temperament to satisfy the veterans in the Dearborn Facility.

NOTE.—The treatment afforded to veterans who have tuberculosis at this facility is not satisfactory—particularly non-service-connected cases. The State of Michigan, in our opinion, is being discriminated against in comparison with the treatment given tuberculosis cases in other States. Records will show that many cases of active tuberculosis have applied at this facility for hospitalization, the applications have been sent to various Veterans' Administration facilities where the proper tuberculosis care and treatment could be given, such as Sunmount, N. Y., and Wood, Wis., and in many instances it has taken from 3 to 4 months before hospitalization could be secured and authorized for these veterans.

Arrangements should be made immediately to the effect that the chief medical officer and the chief of out-patient and receiving at this facility would have some method of securing immediate hospitalization for non-service-connected emergency tuberculosis cases. Where an emergency tuberculosis case develops, the veteran can be admitted to this facility, but, because of lack of proper facilities, equipment, space, etc., the treatment is not satisfactory. We, therefore, recommend the immediate erection of a 400-bed tuberculosis hospital on property adjacent to the Dearborn Facility that Henry Ford is willing to donate. Records will show that the State of Michigan has never had adequate Veterans' Administration general medical and tuberculosis facilities.

SYDNEY J. ALLEN,  
*Disabled American Veterans.*  
JOSEPH W. MAINS,  
*Veterans of Foreign Wars.*  
HORACE C. PARRISH,  
*American Legion.*



## ANSWERS TO QUESTIONS 4, 5, 6, AND 7 BY MR. GUY F. PALMER, MANAGER OF THE VETERANS' ADMINISTRATION FACILITY, DEARBORN, MICH.

Managers should be given authority to establish and fill temporary positions where the need therefor has been determined, as qualified eligibles become available. For instance, in connection with providing personnel to make available 110 additional hospital beds, the establishment of a position of cook, CPC-4, was requested. We have received inquiries from four very well-qualified cooks in recent months, two of whom are disabled veterans of World War II. Delays in establishing positions which have been requested result in loss of available personnel. This is particularly true of cooks who receive an average salary of \$60 per week in this locality.

Delays in securing approval of an applicant for filling a centralized position have also resulted in loss of qualified eligibles. If field offices were permitted to process all applications through the nearest regional office of the Civil Service Commission and place the eligible on duty, we would be in a position to avail ourselves of the services of well-qualified applicants. For instance, a very well qualified assistant laboratorian in bacteriology was available to fill a vacancy at this station. The application was submitted to central office for determination as to eligibility. One month later a letter was received authorizing employment. That day a telephone call to the applicant revealed that she had become tired of waiting to hear from us and had accepted another position at a salary in excess of that offered by this facility and within walking distance of her home. Had we been able to employ her within a few days of the original contact, the position would have been filled.

There is sufficient authority to appoint nurses and attendants.

## ANSWERS TO QUESTIONS 4, 5, 6, AND 7 BY P. A. WATERS, LIEUTENANT COLONEL, MEDICAL CORPS, CHIEF MEDICAL OFFICER OF THE VETERANS' ADMINISTRATION FACILITY, DEARBORN, MICH.

4. Question. Do the manager, chief medical officer, and/or clinical director feel they have sufficient authority to run the hospital as efficiently as they might desire?

Answer. The chief medical officer does not feel that he has sufficient authority to run the hospital as efficiently as he might.

5. Question. Do they feel that there are undue restrictions and regulations under which they must function? If so, kindly specify in what way.

Answer. The chief medical officer feels that there are undue restrictions and regulations under which he must function. This has to do specifically with personnel, authorization of the various medical activities, and prosthetic appliances which are not under contract; the use of contract or noncontract hospitals whose fees are in excess of the fees schedule. More specifications might be found if there were sufficient time to thoroughly consider every function of the chief medical officer.

6. Question. Do they feel they have sufficient authority and latitude to employ competent doctors, nurses, and attendants?

Answer. The chief medical officer has no authority or latitude relative to the employment of doctors, the assignment being entirely centralized.

7. Question. Do they have encouragement and support in research, in participating in clinical meetings, symposiums, medical lecture courses, etc.?

Answer. The medical staff does not feel that they have encouragement and support in research, in participating in clinical meetings, medical lecture courses, etc. Assignment to such courses is done by central office and can only be made if the station can get along without the services of the individual assigned, and he in turn must pay all expenses incident to such assignment. Instructions relative to the curtailment of leave at the present time preclude individual medical officers from attending such courses. Special courses of instruction in various specialties are practically nonexistent at this time in the Veterans' Administration.

RECOMMENDATIONS OF THE SERVICE OFFICERS OF THE VETERANS OF FOREIGN WARS  
OF THE UNITED STATES DISABLED AMERICAN VETERANS, AND AMERICAN LEGION  
TO QUESTIONS 4, 5, 6, AND 7

4. The hospital staff be rearranged, providing for competent specialists in each branch of medicine and surgery, particularly orthopedic and brain surgery.

5. Authority should be granted to call in consultants when indicated.

6. It is believed that a ward surgeon should not be expected to take care of more than 40 patients in a general medical hospital. At the present time, each ward surgeon has approximately 65 patients.

7. The manager should have authority to make final decisions, so that you would not have a repetition of the very disappointing experience of furnishing housing for military attendants. There is entirely too much delay between the date the manager makes the recommendation to central office and approval is granted.

JOSEPH W. MAINS,  
*Veterans of Foreign Wars.*  
SYDNEY J. ALLEN,  
*Disabled American Veterans.*  
HORACE C. PARRISH,  
*American Legion.*

8. While no comment has been specifically requested regarding out-patient treatment, the situation here is very bad. A veteran requiring out-patient treatment is forced to spend from 2 to 4 hours on public transportation and lose considerable work. It is believed that medical fees should be increased so that private physicians throughout the metropolitan area would treat service-connected cases. The present fees are entirely out of keeping with present-day conditions. If this suggestion is not accepted, then the Veterans' Administration should comply with our answer to question 17 to furnish busses making regular trips to and from downtown Detroit. The veterans and their families are very critical of the present policy insofar as out-patient treatment is concerned.

MAURICE D. CALL,  
*Commander, Department of Michigan, Veterans of Foreign Wars.*

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VETERAN'S ADMINISTRATION FACILITY, FORT CUSTER, MICH.

We have visited the Veterans' Administration facility at Fort Custer, Mich. Our survey was not complete or sufficient enough to warrant any definite recommendations similar to the suggestions and questions given concerning the Veterans' Administration facility, Dearborn, Mich.

We have received very few complaints on the Veterans' Administration facility, Fort Custer, Mich., recently, with the exception of the difficulty in having mental patients admitted, especially non-service-connected cases. This condition presents a serious problem.

We understand the Fort Custer Facility has more patients than was originally contemplated for the present space, however, in view of the pending load we would not care to say the facility is overcrowded. Three new buildings are being added to the Fort Custer Facility at the present time which will accommodate between 500 and 600 patients. One building will be for acute cases and the other two buildings will be for continuous treatment and will take care of any type of patient other than acute. This will bring the capacity of the Fort Custer facility up to approximately 2,500 mental patients, and it is our opinion that this should be the maximum amount of patients under the jurisdiction of any one facility. We would, therefore, suggest that the Veterans' Administration immediately survey the possibility of erecting an additional mental hospital in this State.

SYDNEY J. ALLEN,  
*Disabled American Veterans.*  
JOSEPH W. MAINS,  
*Veterans of Foreign Wars.*  
HORACE C. PARRISH,  
*American Legion.*

## MARINE HOSPITAL

The marine hospital, located at the foot of Alter Road, Detroit, Mich., is a public-health-service hospital and is not under the jurisdiction of the Veterans' Administration. Due to the lack of sufficient beds at the Dearborn facility, 150 beds have been contracted for and are available for Veterans' Administration patients.

The medical service at the marine hospital, particularly surgery is considered excellent. Many complaints have been received, however, on the food served to patients at this facility. There is also a shortage of nurses and attendants. There are no recreational facilities of any consequence.

The only corrective action that we can suggest insofar as the marine hospital is concerned is to continue the contractual beds until the Veterans' Administration can furnish adequate bed facilities.

SYDNEY J. ALLEN,  
*Disabled American Veterans.*  
JOSEPH W. MAINS,  
*Veterans of Foreign Wars.*  
HORACE C. PARRISH,  
*American Legion.*

Dr. BAGGS. Minneapolis, Minn.—

Mr. SCRIVNER (interposing). May I interrupt there just a minute?

I notice in the consolidated VFW report, the VFW states that unsatisfactory conditions exist in the categories reporting, and among the hospitals listed therein is Dearborn, Mich.

I am just wondering what particular complaint they found there?

Mr. JONES. We found the same complaints.

Mr. KRAABLE. That is Fort Custer, which we just finished, Mr. Scrivner.

Mr. SCRIVNER. That is remaining in too long, in the receiving ward.

Mr. JONES. Delay in receiving ward, treatment of TB patients unsatisfactory, lack of recreational facilities, and insufficient quarters for canteen, which is just exactly what he read.

Dr. BAGGS. Minneapolis, Minn.: G. m. s.; authorized, 826; population, 653. [Reading:]

THE AMERICAN LEGION,  
NATIONAL REHABILITATION COMMITTEE,  
Washington, D. C.

MINNEAPOLIS, MINN., FACILITY, GENERAL MEDICAL AND SURGICAL, 826 BEDS

Many complaints from various sections of the hospital regarding failure to administer medication within a reasonably short time after admission. Tuberculosis patients were quite dissatisfied with the prior failure to educate the patients on tuberculosis.

Definitely undue restrictions and regulations preclude proper operation of the hospital. They do not have sufficient authority to hire doctors except on the rating boards. The question arises, Why can they hire doctors for the rating boards locally and not for the hospital? Central office gives no encouragement in matters of taking courses in advance medicine, attending symposiums or national meetings. Central office should require and direct all of its medical officers to take a course in advance medicine at least every 2 years and this should be at Government expense as to time and money. Generally speaking, the patients in the general medical section were satisfied with the food as to quality, quantity, variety, and preparation. The same cannot be said of the patients in the TB section where central tray service is in operation. There are many complaints on the food in the TB unit.

No cases of alleged abuse but a number of cases on the subject of neglect in medical treatment in the form of failing to administer medication within a reasonable time after admission.



The library should be opened on certain evenings during the week as well as on Sunday afternoon. There are not sufficient occupational therapists on duty to properly carry on this service. With the increased load of World War II patients the recreational activities should be materially expanded. There were many complaints about the radio programs.

The canteen concessionaire does not send any cart through the hospitals for the bed patients. This service should be established. All prices charged are absolute ceiling. Prices charged are checked by responsible officials of the hospital. The present equipment is satisfactory but not the most modern nor the best obtainable. It appears that central office attempts to obtain medical and clinical equipment at the cheapest price and therefore do not get the best. More equipment and space are necessary in the surgical service. Many patients feel that the period of hospitalization is entirely too long. They feel that they are required to remain in receiving wards too long before complete examinations and treatments are started. I would not say hospital buildings were entirely clean and neat, but as usual these conditions were attributed to shortage in personnel. Discipline and morale in the TB hospital appeared to be quite severe, due no doubt, to the fact that the TB unit is in connection with the general medical hospital.

The transportation facilities to and from the hospital are not adequate.

Regional office activities should be moved downtown Minneapolis. The contact service is not satisfactory and adequate. Too many inexperienced men without proper background have been employed recently.

Relative to patients being too crowded; definitely yes. Both in general medical section and TB unit. The discipline and morale of the hospital personnel is very low due to the lack of consideration and understanding on the part of the manager. There is certainly a lack of cooperation between the manager and chiefs of departments.

Our recommendation as to type and number of additional beds that may be required for the new load; approximately 750 general medical beds, in addition, of course, to proper facilities for the treatment of tuberculosis.

Relative to complaints on part of the patients regarding lack of information given them as to their physical condition and advice as to future treatment, upon being discharged from the hospital. This type of complaint was quite general throughout the hospital but was found particularly among the TB patients although in recent months more consideration and thought was given to the education of the TB patients regarding their condition.

#### GENERAL COMMENTS

As far as general medical and surgical cases are concerned, we believe the treatment in the Veterans' Administration hospital is equal to that in municipal institutions.

Generally speaking the patients in the general medical section were satisfied with the food as to quantity, quality, variety, or preparation.

The present medical equipment is satisfactory.

Mr. McQUEEN. Do you have any comments on Minneapolis?

Mr. JONES. No.

Mr. SCRIVNER. May I inquire at this point, outside of your general summation of your complaint about the lack of cooperation and consideration on the part of the manager, was there any statement of fact upon which that allegation was based?

In other words, what did he do and what did he fail to do that caused that complaint?

Dr. BAGGS. The question is:

How do you find the discipline and morale of the hospital generally? What are the complaints?

The answer is:

Very low, due to the lack of consideration and understanding on the part of the manager. There is certainly a lack of cooperation between the manager and chiefs of departments.

That is all that is said, sir, in answer to this question. There is no specific statement.

Mrs. ROGERS. Who is the manager?

Mr. KRAABLE. C. D. Hubbard.

Mrs. ROGERS. Has he been there a long time?

Mr. KRAABLE. Yes; and Mr. Griffin.

Mrs. ROGERS. He has been there how long?

Mr. KRAABLE. He has been there a long time; yes.

Mr. MATHES. Mr. Chairman, I think at this point perhaps it would be desirable for me to inform the committee what we learned about the contract opportunities at Minneapolis. It may be recalled that a rather vigorous recommendation was made by Mr. Maisel, or the other man—I forget who it was—that the Veterans' Administration ought to move the TB patients out of this hospital and make a contract with a nearby hospital which I think is operated by Hennepin County.

I finally located correspondence—I was so busy I did not get to it before—and I find that that contract was offered to that county hospital some time back, some months ago, by the Veterans' Administration and the reply was that they would be glad to make a contract limited to 10 patients, I believe—maybe 20, 10 or 20 patients—provided, however, that if the Veterans' Administration would obtain and supply personnel, nurses, doctors, and other personnel needed, they would then be willing to make a contract for a greater number. And provided also that the price would be an amount equal to the current cost to this hospital, which is between \$4.50 and \$5 a day—I do not remember the exact cents—the contract to be for 1 year. As far as I have learned, that contract has not been concluded.

Mr. CARNAHAN. Many of the reports indicate that the patients will stay on the receiving ward too long. Is this opinion expressed by the patients, or is it the opinion of investigators as the result of your observation?

Mr. KRAABLE. It would be both, Mr. Carnahan, because in most instances our committees did not have medical men on them, and they heard the complaints of the patients. Quite often members of the survey committees had also been patients. So it is my judgment that that observation is a composite one from laymen who have been patients or are patients.

Now, medically, there may be another thing—there may be another determination, but it has been quite prevalent that they are on that ward too long before they really start medication for what the trouble is.

We also find that in the receiving ward they are held when other wards are filled, and treatment is started immediately. I have got our doctor's comment on that further, if you would like to have it.

Mr. SCRIVNER. Mr. Carnahan, that seems to be a general complaint in practically every hospital I visit.

Mr. CARNAHAN. I am wondering if that complaint might not be partially prompted by the fact that the men don't know what has happened and the patients are not informed of what is really being done and what is going on. They are just left there for several days, and they really don't understand what has taken place. That is what I was driving at.

Perhaps if the men knew what was being done, they would not be so dissatisfied in the receiving wards.

Dr. BAGGS. I have made inquiry concerning that kind of complaint and the time of patients being on the receiving ward ranged from 2 to 10 days, unless there is no room in the wards of the hospital for their reception. And after the diagnosis has been made in the receiving ward, treatment is introduced immediately in the receiving ward. This applies not only to the TB cases but also to the NP cases. The TB cases, of course, as a matter of medical treatment, are immediately put to bed. The active cases, if they are found to be active, are immediately taken and sent to an active ward.

I think probably the criticism concerning the instruction of the patients as to why they are kept on those receiving wards may be because—it may be in order. If it was explained to them the reason why, and that they are receiving treatment, even if it is not to their own knowledge that they are receiving treatment, it would obviate some of this complaint.

In other words, if the receiving-ward officer would take a little time off and explain to each patient why—it would help materially.

But the general complaint of staying too long in the receiving ward is not well founded on medical facts.

Mr. JONES. I would like to make an observation along that same line as I did the other day. Perhaps the gentleman was not here at that time.

I have thought that if someone would sit down with the patient when he comes into the receiving ward and explain the necessity for his going—for him to get a complete examination, that is, all the clinicals, X-rays, blood counts, and so forth, before he is sent to the treatment ward, it would clear up that situation.

Many years ago I discussed that matter with Colonel Clifford, Medical Director of the Veterans' Administration, and told him I would like to prepare something for our publication along that line, the foreign service. He assigned Dr. Wood to help me prepare that article, and it was published in our magazine. If the committee would like, I would like to put that into the record. I think it explains in lay language, and I think I might add that I have a very large number of letters back from service officers in the various organizations saying that the article did a good deal—did a lot of good—and in June 1944, after we had a number of World War II men in the hospitals, we republished the same article in the magazine.

The caption is, "When you go to a veterans' hospital give the doctors time to find out why you feel bad."

Mr. DOMENGEAUX. Without objection, it is so ordered.

(The paper referred to is as follows:)

**WHEN YOU GO TO A VETERANS' HOSPITAL, GIVE THE DOCTORS TIME TO FIND OUT  
WHY YOU FEEL BAD**

(By Casey M. Jones, assistant director, Veterans of Foreign Wars National Service Bureau)

This office receives numerous complaints from members being hospitalized in Veterans' Administration facilities that too much time expires after their admittance before treatment is commenced. While this is true to a certain extent, and efforts have been made by the Veterans of Foreign Wars to correct same it is also true that in many instances the patient is partially to blame because he



cannot see the necessity for certain clinical tests, and becomes dissatisfied and leaves the hospital against medical advice.

This could be overcome somewhat if the examining physician would take time to explain to the patient, upon his admittance, the necessity of getting a complete physical and clinical picture of the patient before treatment is started, except of course in cases of acute illness or emergency cases.

The examining physician might place the patient at ease by explaining the situation somewhat as follows:

"You have been sick for some time—so you've come into the hospital! Yes, I know, the same old story! For a long time, you've been troubled with a sour stomach, indigestion and a burning down there. Of course you took soda, or that drug store medicine, and that seemed to help some. Or, perhaps those joints or that back was sore and stiff and aspirin and liniment seemed to give some relief. Or, you have been nervous, irritable, restless and couldn't sleep without taking one of those tablets that you got from your doctor.

"But the sour stomach kept troubling you, the back was sore every morning and, after the effect of the tablet wore off, you were just as restless and nervous as before. Medicine seemed to give only temporary relief so you decided to come into the hospital to see if you couldn't get fixed up, so that you could get along without taking medicine all the time.

"Did you say you've never been in a hospital before? Well, if this is your first trip in, there'll be some things you will wonder about. Now, back home, when you did not feel good, you just took another dose of that medicine, but here, you'll probably find that the ward surgeon—that's what they call the doctor here—is not much inclined to start right in giving you that stuff. What he's after is to find out exactly what's wrong with you and try to get you fixed up. He thinks you have been taking medicine long enough. Of course, if you are really suffering, he will give you a dose or two to relieve you.

"First, they will put you in the receiving ward and there they will take your history—what diseases you have had and what you haven't had and just when the present trouble started and how you have felt and a lot of things about your family, etc. Then he will examine you from head to foot—you know sometimes the places that have never hurt you have helped to affect the places that do hurt and so he studies the whole body.

"Then, there's the temperature and pulse every day, and every day both doctor and nurse see how you are doing. There are blood tests and urine tests, perhaps examination of sputum or stomach contents or stool and perhaps X-ray pictures. And just when you think you must have finished them all, the ward surgeon will look over your history, general examination, and other tests, and find that there is something else ought to be looked into and you get some more tests. Then he sends you to a doctor who specializes in the particular trouble you have—probably will transfer you to his particular ward for treatment. And you begin to wonder when they are going to start treatment.

"You know, back home when you got tired taking soda you went to the doctor's office and told him your trouble and after looking you over a little, and maybe a test or two, or maybe none at all, he gave you some medicine, or wrote a prescription. It didn't seem to take him nearly so long as these fellows in the hospital. But, somehow, you did not seem to get fixed up. You see, in a private hospital, the cost of these tests that you are getting in this hospital would come pretty high and your family doctor knew you could not afford it, so he had to do the best he could without them.

"In this hospital they try to get at the bottom of your trouble and do what they can to correct that. All this takes time and the doctor is so busy he does not always explain all this to you. Of course, if you suffer much from your trouble during these tests, tell your ward surgeon, and he can give you something to relieve you. Giving relief is the easiest thing he can do—the hard thing is to get you fixed up.

"As I was saying, you are transferred to the care of the specialist and he may need another test or two. By that time they have a pretty good idea of what is wrong with you and what treatment you should have. So you can see, hospital treatment of your case is quite different than when you go to your family doctor—takes longer but the results usually last longer, too.

"Oh! I nearly forgot to mention the diet. They serve you a balanced diet—you know, the proper amount of vegetables and meat, bread, milk, minerals, vitamins, etc. No, not like mother used to cook—maybe not like the other fellow's mother used to cook. I remember a fellow that came into the hospital who liked his eggs fried in lots of grease and fried hard. Then he put salt and pepper and lots of

catsup on them. But he came into the hospital because he was always having trouble with his stomach at home.

"You see, what he needed was not more soda or stomach medicine but a proper diet. How he did kick when they took those fried eggs, catsup and such stuff away from him! He said he had always eaten that way all his life and he did not realize that it was just these things that caused his stomach trouble. But in the hospital they have a dietitian who doesn't do anything else but figure out the kind of diet that people with different diseases ought to have and see that the food is properly cooked and served. Of course, some of the patients find fault with the food, but if they will eat what is given them, don't smoke too much, quit their drinking and stop taking all that medicine, they generally do pretty well on hospital food.

"Well, I hope you will enjoy your stay here and get fixed up so you can go back to work again. But just a final word of advice. When you don't understand, don't kick, but just cooperate and wait and see. If you get to feeling impatient, talk it over with your ward surgeon and if you do not feel well, tell him about it. He is there to help you. Let him run your case while you are here. He's the doctor!

"Remember too, after you leave here your private doctor, upon request and with your consent, may be furnished with the findings based upon our clinical tests. This will enable him to render more effective treatment."

Mr. KRAABLE. Mr. Chairman, because Minneapolis has been named in the article, the first article which appeared, they made a special effort to have an outstanding committee. I would like to cite the names of the committee: Earl B. Clift, former national chairman of the national rehabilitation committee of the American Legion, chairman; Lloyd T. Anderson, national executive committee, M. A. B.; Joseph W. Finley, legislative chairman, department of Minnesota; C. Fred Hanson, department of rehabilitation, chairman; William R. Mitchell, past department commander and vice chairman of the rehabilitation committee in the department.

They also have a special statement, Mr. Chairman, which I have not received authorization to place in the record, but which I am going to ask if they want it in the record, and may I insert it later if that is approved?

Mr. DOMENGEAUX. Without objection, that may be done.

Dr. BAGGS. Biloxi, Miss.: G. M. S., 208; domiciliary, 793; population 447. [Reading:]

THE AMERICAN LEGION,  
NATIONAL REHABILITATION COMMITTEE,  
Washington 6, D. C.

#### BILOXI, MISS., FACILITY, GENERAL MEDICAL AND SURGICAL, 208 BEDS

Four complaints; three were unfounded and one is pending investigation.

The manager, chief medical officer, and clinical director feel that they do not have sufficient authority to run the hospital as efficiently as they might desire.

They feel that there are undue restrictions and regulations under which they must function because of inability to promptly transfer undesirable medical personnel.

There is no encouragement and support in research, in participating in clinical meetings, etc., because of shortage of medical personnel: leave to attend such meetings has been denied in several instances by central office and in comparison with armed forces and United States Public Health Service, Veterans' Administration employees must pay their own expenses to attend such meetings.

The recreational facilities adequate for the present load only.

Canteen space and facilities inadequate for present load. Sanitary standards bad and a need for increased storage space.

Periods of hospitalization are proper except for a few chronic cases which might properly be transferred to the domiciliary barracks.

Transportation facilities to and from the hospital are adequate except for railroad facilities. The manager is unable to secure priorities for railroad transportation to diagnostic center.



The contact service is not considered satisfactory and adequate.

There is a need for a full-time contact men with a secretary. Two wards are slightly overcrowded.

Some complaints because of overtime and low rate of pay of the hospital personnel.

Discipline and morale otherwise good.

Our recommendations as to type and number of additional beds that may be required for the new load are—

Increase of 200 beds for mild neurotics; 340 beds for general medical and surgical and increase of 1300 domiciliary beds.

In 1944, 9.7 percent of the patients left the hospital against medical advice. Largely World War II patients discharged directly to facility from the Army and who because of homesickness leave against medical advice.

Our general and specific recommendations are: More frequent visits by medical supervisors from central office. Records show a visit by medical supervisor in spring of 1942, followed by one in March 1945, indicating a lack of interest in the welfare of the patients and administration of the hospital by central office.

There should be an increase to a minimum of 12 physicians including the clinical director so that an adequate hospital staff may be available. There are now 7 physicians on the staff.

There should be a substantial increase in the pay of all personnel including staff physicians.

There should be an increase in the clerical personnel so that examination reports may be kept current for rating purposes. On the day of our visit there were untyped 125 hospital reports and 443 examination and observation reports.

There should be closer coordination between the facility medical staff and regional claims and rating boards on the type of examination and observation required for rating purposes.

#### GENERAL COMMENTS

Comparative standards of treatment, superior medical equipment, and clinical arrangements are satisfactory.

Cleanliness and neatness in the buildings and on the grounds good.

Recreational facilities are adequate for the present load only.

The periods of hospitalization are proper and the patients feel they are not required to remain in receiving ward too long before complete examinations and treatment are started.

Mr. DOMENGEAUX. That one complaint case that you mentioned, you don't know what that case was, do you?

Dr. BAGGS. They don't mean the case. The contact service mentioned here is the Veterans' Administration, and not American Legion. The contact service is not considered satisfactory.

Mr. McQUEEN. Is there anything from the DAV on this?

Mr. TATE. Our report is not complete on this.

Mr. McQUEEN. Do you want to follow this, Mr. Jones?

Mr. JONES. The only place that ours does not agree, we have a complaint that the hospitalization period is too brief, and that the clinical arrangements are unsatisfactory for isolation cases only. It is not generally unsatisfactory. And that the canteen is unsatisfactory—no, in our report the canteen is satisfactory. I think your report says it is unsatisfactory.

The CHAIRMAN. You are speaking of Biloxi?

Mr. JONES. Yes.

The CHAIRMAN. That is established at the soldiers' home and, as I understand it, there are a great many domiciliary patients there. The domiciliary load at present is 4.47 and the capacity is 7.93. That is domiciliary.

General medical and surgical has a capacity of 208 and a population of 162.

ARMY MEDICAL 1154



There is no evidence of mistreatment of veterans there?

Dr. BAGGS. It does not say so.

Mr. KRAABLE. There is one mentioned, Mr. Chairman, but not by name or number. There were four complaints, three unfounded and one pending investigation. That is just complaints. It does not say abuse or anything like that.

Mr. SCRIVNER. Do you have anything now in that report outside of one comment of the sanitary conditions being bad?

Do they tell what the unsanitary conditions were? What it was that made them bad?

Mr. KRAABLE. Yes; under question 11, it asks [reading]:

Is the canteen service satisfactory and are the prices charge dveterans reasonable? If not, please describe.

Space and facilities inadequate for present load. Sanitary standards bad, and a need for increased storage space.

Referring to the canteen.

Mr. SCRIVNER. So the general remarks made about sanitary conditions there being bad referred to the canteen?

Mr. KRAABLE. Yes.

Mr. McQUEEN. Not to the hospital?

Mr. SCRIVNER. Of course the general remarks would infer that the sanitary conditions of the hospital generally were bad.

Mr. KRAABLE. That refers to the canteen.

The CHAIRMAN. I did not visit that hospital this year, but I went through it last year, as I have done every year since it has been established, and I never heard any complaints from men in the hospital or anyone connected with it.

Mr. KRAABLE. Mr. Chairman, we are coming to Gulfport next.

Mr. DOMENGEAUX. In that connection I may say I inspected the hospital and the sanitary conditions were excellent. I found that they had a crowded condition in their dining room.

My complaint about the hospital is more on the medical approach and the lack of independence on the part of the staff and their control by the central office and their failure to keep posted the members of the staff in the development of medicine. I found the head surgeon had been there for over 20 years.

The CHAIRMAN. You do not mean that the Biloxi Facility—you don't mean at that place?

Mr. DOMENGEAUX. No; Gulfport.

The CHAIRMAN. Because the Biloxi Facility is comparatively new. It is on the back bay of Biloxi and from the standpoint of recreation it hasn't an equal in the United States, because that is the finest fishing ground on earth, and those domiciliary patients, I dare say, have the best time at Biloxi, Miss., of any place in the United States.

Mr. KRAABLE. I think I should correct an impression here. Question 9 says: "Have there been or are there any specific cases of alleged abuse or beating of patients?"

The answer there is the same as it is under the general complaints; namely, three unconfirmed on investigation, one now under investigation.

Mr. SCRIVNER. Let me get back to your statement about these doctors that do not have an opportunity to keep up on medicine. For the life of me, I cannot understand whether in the Veterans' Administra-

tion or at home as a private practitioner—these private doctors don't always get to go to all the clinics they want to, but there is nothing under the sun that keeps them from keeping up on modern practice by their outside reading. At every one of the hospitals that I have visited they had a medical library and they can certainly subscribe to the medical journals and so on, and to me, at least, there is no reason or excuse why they should not keep up on modern trends.

Mr. DOMENGEAUX. That would depend on the individual inclination that a doctor would have.

Mr. SCRIVNER. That is what I say. There is nothing to stop him from reading at night if he wants to.

Mr. DOMENGEAUX. But you will admit that a healthy organization of that kind should have a progressive approach to medicine.

Mr. SCRIVNER. Certainly; but there is nothing to prevent their having it.

Mr. DOMENGEAUX. I think it is lacking in the Veterans' Administration.

Mr. SCRIVNER. There still is no reason why the individual doctor, if he has any pride in his profession at all, cannot keep up on modern trends.

Mr. DOMENGEAUX. Certainly.

Mr. CARNAHAN. I meant to ask you this awhile ago, but you started on another hospital. What would be the reaction of the service organization to a full-time employee on the receiving ward, whose business it would be to consult with the patients and explain to them something as to what their hospital period may include? The employee perhaps need not be a doctor.

Mr. JONES. Were you directing that question to me?

Mr. CARNAHAN. To any of the organization.

Mr. JONES. That was my thought when I said in my statement awhile ago I did not think it would be necessary that he be a physician. I think perhaps a nurse's aid could probably do that—any person that is a layman. That would be my thought—any person that could just sit down and talk to the men and put them at ease and explain their examinations must be completed before they can be placed on treatment.

Mr. CARNAHAN. Do you think this would result in improved adjustment in the hospital, so it would warrant a full-time employee to do nothing else except this?

Mr. JONES. I think it would.

Mr. SCRIVNER. Could your service organization, I mean your organization service officers, could they not kind of give a lift on that, too?

Mr. JONES. They do the best they can, but those fellows are pretty well worked now. I think it is an obligation on the Veterans' Administration to put those employees in there.

Mr. SCRIVNER. But when it is not done, there is no reason why your service officer, if he has the time, could not visit these men as they come in? That is when he should make his contacts with them. In a very few words, he can give them the picture, and it might allay some dissatisfaction.

Mr. JONES. They do that, sir, and I would just like to make another observation in that respect. In our organization we have, with the exception of three States, at least one full-time man in each facility,

and most of those men are World War II veterans, and as far as possible, we have been selecting the combat-injury cases, the men with amputations, and we find that with those men handling those cases, especially with the visual disability, it has a very good psychological effect, especially on the men that have a functional NP disability. Our men in counseling them, explain to them that "this is only a temporary thing. I had the same situation at one time, and I have been able to overcome it." I think it is helping a lot and I would recommend that the Veterans' Administration take as many of those men that have the amputations, either upper or lower extremities, who can carry on that work pretty well, and my recommendation would be that they employ, as far as possible, all men in contact service—that is, the amputation cases—that is, in the Veterans' Administration contact service. That is just my opinion as a layman. I would like for someone to ask Dr. Baggs his reaction on that.

Mr. KRAABLE. I would like to add a brief comment. In 20 years in service work, Congressmen, I think much of what you are aiming at could be accomplished as the man progresses to the hospital.

I personally would be rather hesitant to invade a receiving ward and probably inflict myself upon some medical or therapeutic case which I, as a layman, would not understand. I think much of the confidence and education that I could give that man would be before he gets there, and to what he is going to receive, and we have tried to practice that in particular as to the amputees. We have practiced this through the person of Charles C. McGonigle, the man with both hands off, who sees these boys before and in the wards in Army and Navy hospitals.

Speaking as to the Veterans' Administration facilities, whether that full-time man should be a layman, I am just a little bit hesitant to agree to that. I think he should be a doctor or a nurse. But there should be emphasis on the need for complete research and study of the case on the part of the medical men who are trying to find out what is wrong.

Mr. CARNAHAN. You recommend an employee but your suggestion is that it should not be a layman?

Mr. KRAABLE. There are considerations there that should be guarded against.

Mr. CARNAHAN. I am not sold on whether it should be a doctor or a layman, but I am pretty well convinced of the belief that there should be a paid employee on the receiving ward.

Mr. KRAABLE. In others words, to my mind, it is a matter more of the bedside and personal medicine that we have recommended.

Mr. CARNAHAN. I think that this thing can be accomplished in one 10-minute interview, but I think an employee should be there to consult with the patient at any time the patient feels or wants or needs information that there is no one in particular around to help them out with.

Many of the problems may not involve any particular scientific medical advice. They just want to know how things are running, how long they are going to stay, what is being done for them.

The CHAIRMAN. There is one comparison that has been overlooked. There have been some comparisons made between the veterans' mental hospitals and the State mental hospitals. There have been some com-



parisons made between the medical and surgical facilities of the Veterans' Administration and of the various State institutions, but there hasn't been anything said about what the State would do with these domiciliary patients. We have many thousands of them. Can someone tell me how many thousands of domiciliary patients we have in these hospitals?

Mr. KRAABLE. 14,079.

The CHAIRMAN. Do you know what the States would do with them if they were left to the States?

Mr. JONES. Some of the States would probably have provision for a soldiers' home for them, but most of them would go to what is commonly known as the poorhouse.

The CHAIRMAN. You don't have any soldiers' homes for those people in the States except in the Southern States.

Mr. SCRIVNER. I beg pardon. We do have in Kansas.

Mrs. ROGERS. We have a very fine one in Massachusetts, too; a soldiers' home.

The CHAIRMAN. The reason the Southern States have their own soldiers' homes is because those States had to take care of their Confederate soldiers. What would happen to them in those States where they do not have soldiers' homes?

Mr. JONES. I presume he would go to what we commonly call the poorhouse down my way.

The CHAIRMAN. I just wanted to show that while they are attacking the Veterans' Administration, these men are taken care of on a plane, as a rule, that would not be approached if they were left to the various States.

Now, have you made any comparison between these domiciliary homes and the State soldiers' homes that have been referred to here?

Mr. KRAABLE. Mr. Chairman, I have seen a few of the State homes. I believe the comparable committee to this committee in the other branch of Congress was instrumental some years ago in raising the Federal subsidy to these State homes for eligible veterans to live there, instead of a domiciliary base.

The CHAIRMAN. They might just as well be in a Federal soldiers' home as to be in one that is subsidized by the Federal Government.

Mr. KRAABLE. Except that they prefer to stay within the confines of their States.

The CHAIRMAN. I understand that, but I am talking about soldiers' home or institutions of the States that are not financed by the Federal Government. I want to draw that distinction because I want the gentlemen representing the Veterans of Foreign Wars, who answered the question awhile ago and said if it were not for these institutions that take care of these domiciliary patients, or the subsidies to the States that have State institutions, there is just no telling what would happen to a large number of these men.

Mr. SCRIVNER. Subsidies do not go to all State soldiers' homes.

The CHAIRMAN. I know they do not go to any of the soldiers' homes in the Southern States.

Mr. SCRIVNER. I don't think you will find any goes to the soldiers' home in Kansas, either.

Mr. KRAABLE. I think the record should be corrected on the number I gave you; 14,079 is the number of beds in domiciliary barracks. The number of members in these homes as of May 31 was 8,877.

Mrs. ROGERS. Any soldier can go to the soldiers' home here in Washington. That belongs to the discharged soldiers.

The CHAIRMAN. But I wanted to point out that there is practically no comparison between the way these men would be cared for if it were not for the Veterans' Administration facilities and the way they are cared for by the Veterans' Administration.

That point has been overlooked or has been passed over in all these attacks on veterans' hospitals, Veterans' Administration. They have not brought out the fact that these domiciliary patients are better taken care of than they can possibly hope to be in the average State, if it were not for these institutions.

Mr. SCRIVNER. You would not expect any complimentary remarks like that in articles—in the articles that are making attacks, would you?

The CHAIRMAN. I would not expect it from the two main attackers.

Mr. SCRIVNER. If there is any critical article, I don't care whether it is these two or any others, if there is an article or effort being made to criticize certain things, the natural human tendency is to just point out the bad and never say anything about the good.

The CHAIRMAN. In other words, the gentleman from Kansas, then, virtually admits that we want to smear and not help?

Mr. SCRIVNER. I made no admission like that at all, Mr. Chairman.

The CHAIRMAN. Well, that was the logical conclusion.

Mr. SCRIVNER. Each of us has to draw our own conclusions, but what I was pointing out is that in a case like that you do not expect to find complimentary remarks, and in the many years I have been connected with veterans and their affairs and service organizations, at least in our section of the country—I don't know about other sections—other places, there have been very few complaints about the domiciliary care. For the most part they have all been very well pleased with the treatment they were accorded in these soldiers' homes.

The CHAIRMAN. I wish everybody in America could have gone with me to see Kécoughtan. I never went down before but I went down there during the recess, and I believe they have 800 of these domiciliary patients, and I went through their barracks and dining room, and so forth, and I just wondered where those men would be if it were not for the facilities of the Veterans' Administration, and I think a large number of them would be just where the representatives of the VFW said awhile ago—probably in the poorhouse.

Mr. DOMENGEAUX. As to the Biloxi Facility, Mr. Chairman, I may say that I spoke to hundreds of them there, and everything that can be done is done to make their existence happy and comfortable. They are housed in one of the most beautiful spots on the Mississippi coast, and they are given every possible consideration, and they are as happy as a group of men could be under such circumstances.

Mr. KRAABLE. I gained the general impression, Mr. Chairman, running through our report, of favorable reaction to the domiciliarization of veterans. You will find in some of the reports recommendations for more beds, looking toward the future load, because that is the appealing part of this program to men who have no other place to go.

The CHAIRMAN. I can tell you one thing: State or no State, the people in Mississippi would not have put up with what took place at

Northport, N. Y., and I don't think all the complaints have been reports from other hospitals.

Mr. DOMENGEAUX. We don't know whether those things have been taking place in Mississippi or not, Mr. Chairman.

The CHAIRMAN. I don't think they would have stood for it.

Mr. DOMENGEAUX. I don't believe they knew it until they got an under-cover man in there.

The CHAIRMAN. We have our veterans' organizations that go to these hospitals regularly.

Mr. DOMENGEAUX. They never find out about those things.

The CHAIRMAN. They ought to find them out. They talk to the patients.

Mr. KRAABLE. Mr. Chairman, we are coming to Gulfport, Miss., and the point you raise is illustrated there—that our two representatives did find a case of abuse and reported it to me, and I to General Hines, and it is in progress of investigation right now. That was picked up by our two men on sufficient information. They were not investigators themselves, but they undertook to investigate and air mailed it to me right away, and I took it over to General Hines. They only find one bed and they named the man. They have the particulars on it.

The CHAIRMAN. You have the man's name?

Mr. KRAABLE. Yes, sir.

Mr. DOMENGEAUX. Do you know the facts? You said you had some personal knowledge of it.

Mr. KRAABLE. I have the policy folder in that facility, and I have got a confidential report as given me by the two field secretaries of the American Legion. The facts as revealed by the investigation of the Government, I do not have. It is in process of investigation, I was told yesterday.

This is Gulfport, Miss.: Neuropsychiatric; 973 capacity; 901 population. [Reading:]

THE AMERICAN LEGION,  
NATIONAL REHABILITATION COMMITTEE.  
Washington 6, D. C.

#### GULFPORT, MISS., FACILITY (NEUROPSYCHIATRIC, 980 BEDS)

General complaints: The manager has no control over the employment of personnel. He feels there are undue restrictions and regulations because of inability to select personnel of choice. There is no encouragement or support in research, due to the lack of time because of insufficient personnel and inadequate staff. There has been a specific case of alleged abuse and neglect. Patient (data to be supplied by field secretary). Recreational facilities entirely too small and activities too limited. There is urgent need for a larger building. Canteen service not satisfactory. Space provided is only one-third as large as present need demands. Equipment unsatisfactory. Medical equipment and clinical arrangements are not satisfactory. Periods of hospitalization too long because personnel is inadequate to give early examinations and proper treatment. Patients feel that they are required to remain in receiving wards too long before examinations and treatment are started. Discipline and morale of patients are not satisfactory. Because of delay in attendants, delay in examinations, and overcrowded conditions in wards. Ambulance is antiquated, prior to 1933 model.

Contact service is not considered satisfactory and adequate. Need for full-time contact man and secretary. Patients are too crowded. Not sufficient floor space. Floor space should be three times greater per patient.

Discipline and morale of hospital personnel unsatisfactory. Complaints based on inadequate pay, shortage of personnel, and poor supervision.

There is a general lack of information given to patients.



Our recommendations as to type of beds and number which may be required for the new load are—

Reception, clinical, infirmary, and isolation-----	200
Suicidal-----	80
Continuous treatment-----	720
Aggregate all beds, present and new-----	2,000

Our general recommendations are—

General substantial increase of salaries of hospital personnel, including medical. The addition of an executive assistant to the manager, under his personal direction, a part of whose duties would be investigations and inspections in order to eliminate superfluous and useless appointments of medical officers to serve on boards. The more frequent visits of central office supervisors to receive all constructive ideas and submit these to Washington, D. C. The records indicate a medical supervisor visited this facility in May 1942. The next visit by a medical supervisor was in March 1945. This indicates a lack of interest by central office in this facility. Facilities for the relatives of patients. A recommendation is made for construction of a building with adequate toilet accommodations to be used by relatives and visitors. There should be a minimum of 18 medical personnel for the present load.

That the buildings now located on the hospital grounds were poorly planned in their original conception and that additions that have been made from time to time appear to have been patchwork constructions and no over-all planning for future development of the hospital, and as a consequence there are conditions existing which are contrary to medical practice in operating on patients and the care and treatment of patients. That the facilities for the personnel in the management of operation of the hospital are so arranged that it is a loss of effort, time, efficiency, and a danger to the life of employees and patients. That the Administration facilities at this hospital are poorly arranged and though the facilities available are used to the best advantage, the existing space is such that efficiency cannot be maintained in the administration of the affairs of the hospital because of its being so disconnected as to location. That the recreational facilities are altogether inadequate and such as are located at the hospital are antiquated, without sufficient equipment, and are sufficient to care for only 200 patients and that there are no facilities provided for outdoor or indoor recreation of any kind whatsoever. That the present equipment now in use at this hospital is old, dilapidated, worn out, unsafe, and obsolete. It appears from the inspection that most of this equipment has long since been outmoded by modern medicine. We found from investigation and study that there is a constantly increasing demand for treatment and care in this hospital and from all of the facts available and from study and our personal knowledge of the existing conditions there will be a demand for facilities to treat, care for, and hospitalize more than 2,000 patients.

#### GENERAL COMMENTS

Comparative, relative standards of treatment on a par with or slightly above that of the State, county, and municipal institutions in this area.

No complaints as to quantity, quality, variety, and preparation of food.

Cleanliness and neatness in the buildings and on the grounds satisfactory in view of crowded conditions.

Transportation facilities to and from the hospital are adequate except for ambulance service.

VETERANS OF FOREIGN WARS OF THE UNITED STATES,  
NATIONAL REHABILITATION SERVICE,  
Washington 5, D. C.

#### MISSISSIPPI (Two Hospitals)

Gulfport Facility: 980 NP beds.

Complaints: Too much red tape; inadequate recreational facilities; canteen inadequate; clinical arrangements poor; period of hospitalization too long; inadequate medical personnel (staff); overcrowded; lack of information on discharge; buildings in need of modernization.

Recommendations: Correction of above.

Biloxi Facility: 793 domiciliary and 208 general medical and surgical beds.

Complaints: Insufficient control over doctors; hospitalization periods too brief; food for bed patients could be improved; clinical arrangements for isolation cases unsatisfactory.

Recommendations: Correction of above; construction for 500 additional beds.

LIST OF QUESTIONS TO BE ANSWERED IN NUMERICAL ORDER, AS TO EACH HOSPITAL

(Copies in triplicate furnished the commander in chief)

GULFPORT, MISS.

1. Question. Are there any general or specific complaints on the medical treatment and hospital care received by the patients? If so, please describe briefly.

Answer. Medical treatment good, but it is thought that it would be a good idea that each of these men who stay at this hospital all the time be given complete examination at least once a year.

2. Question. Has remedial action been taken by the Veterans' Administration in these cases or others which may have been previously reported?

Answer. No.

3. Question. What is your opinion of the relative standard of treatment in the veterans' hospitals as compared to the State, county, and municipal institutions in the same area?

Answer. Just as good or better.

4. Question. Do the manager, chief medical officer, and/or clinical director feel they have sufficient authority to run the hospital as efficiently as they might desire?

Answer. No; too many restrictions and too much paper work.

5. Question. Do they feel that there are undue restrictions and regulations under which they must function? If so, kindly specify in what way.

Answer. Too much regulation and general red tape.

6. Question. Do they feel they have sufficient authority and latitude to employ competent doctors, nurses, and attendants?

Answer. No.

7. Question. Do they have encouragement and support in research, in participating in clinical meetings, symposiums, medical lecture courses, etc.?

Answer. No.

8. Question. What definite complaints, if any, are there as to the quality, quantity, variety, and preparation of food in the veterans' hospitals?

Answer. Good as can be expected except they have very little meat.

9. Question. Have there been or are there any specific cases of alleged abuse or neglect of patients?

Answer. Very little; but where it is found that the attendants are using abuse they are discharged.

10. Question. Are the recreational facilities adequate?

Answer. No; hardly any at all.

11. Question. Is the canteen service satisfactory, and are the prices charged veterans reasonable? If so, please describe.

Answer. No; too small; but prices are O. K.

12. Question. Are the medical equipment and clinical arrangements satisfactory?

Answer. Medical equipment good, but clinical arrangements poor.

13. Are the periods of hospitalization proper? Too long? Too brief?

Answer. Too long. This on account of too few doctors.

14. Question. Do patients feel they are required to remain in receiving wards too long before complete examinations and treatment are started?

Answer. No.

15. Question. How about cleanliness and neatness in the buildings and on the grounds?

Answer. Good.

16. Question. Is it felt that the discipline and morale of the patients are satisfactory?

Answer. Good.

17. Question. Are the transportation facilities to and from the hospital adequate?

Answer. Good.

18. Question. Is the contact service considered satisfactory and adequate by the VFW?

Answer. ———.

19. Question. How does the ratio of patients to full-time physicians and surgeons, nurses, and attendants in the veterans' hospital compare to that in State, county, and municipal institutions?

Answer. Doctors 1 to 100, nurses 1 to 30, attendants 1 to 17.

20. Question. Are the patients too crowded? Is there sufficient floor space per patient?

Answer. Yes; very much overcrowded.

21. Question. How do they find the discipline and morale of the hospital personnel? What are their complaints, if any?

Answer. Fair; doctors are overworked. They have two Regular Army doctors who don't like their duty. Several complaints from staff since they are unable to obtain leave.

22. Question. What is your recommendation as to type and number of additional beds that may be required for the new load?

Answer. They need model clinical building. Will need at least 200 more beds.

23. Question. What percentage of the patients are leaving the hospital against medical advice? Why?

Answer. One hundred and fifty-eight during 1944. Reason mostly due to the parents of World War II men wanting to get them discharged.

24. Question. Could better personal care be furnished with staff aide program of Waes trained in hospital routine, thus relieving nurses for more important duties?

Answer. No.

25. Question. What percentage of patients without dependents leave the hospital against medical advice due to the reduction in pension while being hospitalized?

Answer. None.

26. Question. Are there any complaints on the part of the patients regarding the lack of information given them as to their physical condition and advice as to future treatment upon being discharged from the hospital?

Answer. Yes.

27. Question. What general or specific recommendations would you offer as to the medical treatment and hospital care of veterans in Veterans' Administration facilities?

Answer. This hospital has very good management, but the hospital itself is in a very sad state of condition and these conditions should either be improved or closed up for good.

#### BILOXI, MISS.

1. Question. Are there any general or specific complaints on the medical treatment and hospital care received by the patients? If so, please describe briefly.

Answer. None.

2. Question. Has remedial action been taken by the Veterans' Administration in these cases or others which may have been previously reported?

Answer. ———.

3. Question. What is your opinion of the relative standards of treatment in the veterans' hospitals as compared to the State, county, and municipal institutions in the same area?

Answer. Good.

4. Question. Do the manager, chief medical officer, and/or clinical director feel they have sufficient authority to run the hospital as efficiently as they might desire?

Answer. Yes, except they do not have sufficient authority to handle doctors.

5. Question. Do they feel that there are undue restrictions and regulations under which they must function? If so, kindly specify in what way.

Answer. No.

6. Question. Do they feel they have sufficient authority and latitude to employ competent doctors, nurses, and attendants?

Answers. No for doctors. Yes for nurses and attendants.

7. Question. Do they have encouragement and support in research, in participating in clinical meetings, symposiums, medical lecture courses, etc.?

Answer. No.



8. Question. What definite complaints, if any, are there as to the quality, quantity, variety, and preparation of food in the veterans' hospitals?

Answer. Food very good. Quantity of food could be increased to bed patients.

9. Question. Have there been or are there any specific cases of alleged abuse or neglect of patients?

Answer. None.

10. Question. Are the recreational facilities adequate?

Answer. For the present load, yes.

11. Question. Is the canteen service satisfactory, and are the prices charged veterans reasonable? If not, please describe.

Answer. Yes.

12. Question. Are the medical equipment and clinical arrangements satisfactory?

Answer. Yes; except in the handling of cases requiring complete isolation.

13. Question. Are the periods of hospitalization proper? Too long? Too brief?

Answer. Too brief.

14. Question. Do patients feel they are required to remain in receiving wards too long before complete examinations and treatment are started?

Answer. No.

15. Question. How about cleanliness and neatness in the buildings and on the grounds?

Answer. Good.

16. Question. Is it felt that the discipline and morale of the patients are satisfactory?

Answer. Yes.

17. Question. Are the transportation facilities to and from the hospital adequate?

Answer. Yes.

18. Question. Is the contact service considered satisfactory and adequate by the VFW?

Answer. No.

19. Question. How does the ratio of patients to full-time physicians and surgeons, nurses, and attendants in the veterans' hospital compare to that in State, county, and municipal institutions?

Answer. Nurses, 1 to 8; doctors, 1 to 20; attendants, 1 to 20.

20. Question. Are the patients too crowded? Is there sufficient floor space per patient?

Answer. Not too crowded for standard bed cases, but in case of emergency beds, yes.

21. Question. How do they find the discipline and morale of the hospital personnel? What are their complaints, if any?

Answer. Good.

22. Question. What is your recommendation as to type and number of additional beds that may be required for the new load?

Answer. Five hundred beds will be needed for the expected increased load.

23. Question. What percentage of the patients are leaving the hospital against medical advice? Why?

Answer. During 1944, 9 $\frac{7}{10}$  percent.

24. Question. Could better personal care be furnished with staff-aide program of Wacs trained in hospital routine, thus relieving nurses for more important duties?

Answer. No.

25. Question. What percentage of patients without dependents leave the hospitals against medical advice due to the reduction in pension while being hospitalized?

Answer. Unable to get this information due to no records.

26. Question. Are there any complaints on the part of the patients regarding the lack of information given them as to their physical condition and advice as to future treatment upon being discharged from the hospital?

Answer. Yes.

27. Question. What general or specific recommendations would you offer as to the medical treatment and hospital care of veterans in Veterans' Administration facilities?

Answer. The grounds are very nice at this hospital, but they are very crowded at times.

The CHAIRMAN. Now, I believe we have provided for some expansion down there, some extra beds, and you mean you would build another building on those grounds for the visitors at this hospital between Gulfport and Biloxi, where there are probably more hotels and building houses in normal times than anywhere else in the country, where the weather is usually warm and people can find accommodations elsewhere?

Why should the Government go to the expense of building an extra building to accommodate visitors?

Mr. KRAABLE. On the first point, Mr. Chairman, the first construction program has 164 beds in it for Gulfport, and the second one has the same number for Gulfport scheduled.

Now, the recommendation as to facilities for relatives of patients. A recommendation is made—that is what this committee says—for construction of a building with adequate accommodations to be used by the relatives and visitors.

The CHAIRMAN. That does not mean living quarters. That means reception halls.

Mr. KRAABLE. I take it to be reception halls within the buildings.

Mr. McQUEEN. Mr. Tate, have you anything to add?

Mr. TATE. We have received no complaints.

Mr. DOMENGEAUX. Did that investigation disclose, as mine did, that the doctor in charge of X-ray work had never had any previous experience in X-ray work before he was given that assignment?

Mr. KRAABLE. Speaking of the one case of abuse?

Mr. DOMENGEAUX. No; I am speaking of whether or not the X-ray specialist—whether your investigation disclosed that the X-ray specialist, prior to taking over that assignment had never had any previous experience in X-ray work?

This is also true of the specialist on ear, eye, and throat work.

Mr. KRAABLE. The department committee attaches a special report as part of our survey, and I will probably find it in there, if you will give me time to look for it.

Mr. SCRIVNER. While you are looking, if there are any facts upon which they base their statement of poor supervision, I wish you would look for that.

Mr. DOMENGEAUX. And that there are only three trained nurses—three trained psychiatrists in the hospital.

Mr. KRAABLE. Mr. Chairman, I do not find any reference to that.

Mr. DOMENGEAUX. My investigation disclosed that. I have communications from the directors to that effect.

The CHAIRMAN. Do you know whether—where they got this X-ray specialist? Was he assigned to them by the Army?

Mr. KRAABLE. We have nothing here on that.

The CHAIRMAN. Can you find whether or not that man was assigned by the War Department?

Mr. KRAABLE. On the survey report the boys have not gone into that. We might have it in our policy folder, if you want to look in that, from another report. We have no knowledge of it here.

The CHAIRMAN. The commander of the American Legion lives at Biloxi, and he is a very fine man: George Ditto. The past commander has just been elected district attorney down there, and he is at Gulfport. He was up here with another past commander when this in-

vestigation first started, and I turned them over to the committee. I had to be away, and I turned them over to the committee. You heard their testimony, and my understanding is that the sole burden of their complaint was that the Gulfport Facility was crowded. Now, they need some more space.

Mr. CUNNINGHAM. They have no complaints of the doctors or the nurses or the attendants, no complaints against cleanliness or the preparation of food. The only complaint they had was of overcrowding.

The CHAIRMAN. You are halfway between Biloxi and Gulfport. Those places are only 12 or 15 miles apart.

Mr. KRAABLE. That is right.

The CHAIRMAN. About halfway between them at Handsboro is the Mississippi State Soldiers Home, Jefferson Davis' Home, and I sometimes wish that everybody on the Federal pay roll that is connected with the Veterans' Administration could go down there and examine that home and get some idea of the economy that those people practice and the way they took care of those old veterans and are now taking care of their widows and their dependent or crippled children, with the small amount of funds provided. I just wish that everybody connected with the Veterans' Administration could go through Handsboro every time they go down there and just get an idea of how those people took care of those men under the most adverse circumstances, and the economies that they were compelled to practice. It would have a tendency, I think, to probably encourage some thrift among some of our employees.

Mr. SCRIVNER. According to the VFW report, they have an adverse report on Gulfport.

Mr. JONES. The same thing there, too much red tape, inadequate recreational facilities, canteen inadequate, clinical arrangement poor, period of hospitalization too long, inadequate medical personnel. Of course, that is true most everywhere. Overcrowding, lack of information given to the men at the time of discharge, and building needs modernization. The reports are practically the same. Our report does not agree with the Legion's report. Their summary was we had no complaints about the contact service. The question was not even asked. And we had a recommendation for 200 more beds, but there was nothing materially out of the way.

Mr. McQUEEN. Does the DAV have anything on Gulfport?

Mr. TATE. Nothing to add.

Mr. McQUEEN. Anything else, Mr. Scrivner?

Mr. SCRIVNER. No. I just wondered if they found anything on which they based their statement of poor supervision at Gulfport. There is that general allegation that the morale was low due to poor supervision. If they had poor supervision, somebody is responsible for it.

Mr. KRAABLE. They did comment on the period of time elapsing between supervisory trips from the central office.

Mr. SCRIVNER. I am just sitting here trying to picture in my own mind what it was they were complaining about when they said "poor supervision."

They make the general statement that the morale, I think, of the employees was low, and then that follows with the statement that



there is poor supervision. That is in your general statement. If it was somebody's fault, I want to know it.

Mr. JONES. Well, in spite of the complaint we get on this hospital, our men making the survey conclude by saying the hospital has very good management.

The CHAIRMAN. I am very well acquainted with Dr. Sheffield, who is down there, and I have never heard the slightest complaint against him.

Mr. SCRIVNER. I am just sitting here, Mr. Chairman, since that statement was made, and if there is any poor supervision, it ought to be taken out; and if the criticism is justified, we ought to know what it is based upon and who is responsible for it.

Mr. DOMENGEAUX. Were you speaking of the morale?

Mr. SCRIVNER. Just referring back to the report that was read, where he made the remark about poor supervision.

Mr. DOMENGEAUX. I want to say that I went through that hospital with these mental cases with Dr. Sheffield, and you could see beaming on the faces of every one of these patients the great love and affection that these poor unfortunates had for this doctor. It was evident that they just loved him. I don' know whether he gave them good medical treatment or not, but they certainly had very great affection for him because he is a very kindly man.

Mr. KRAABLE. I think that is completely compatible with what is in the report. As I read it again, they bring out the lack of authority which he feels in getting the kind of men he wants, and enough of the men that he wants.

Mr. DOMENGEAUX. I think he is disgusted with the red tape that the central office exercises over him.

Mr. KRAABLE. That is what the report would be. They also recommend an executive assistant to give him a better opportunity to go around in his real practice.

Mr. SCRIVNER. Here is the statement you made:

Discipline and morale of hospital personnel unsatisfactory. Complaints based on inadequate pay, shortage of personnel and poor supervision.

Mr. JONES. I might read just exactly what our man said about that.

Mr. SCRIVNER. And later on in there, Mr. Chairman, they bring up the supervision from the central office.

The CHAIRMAN. Is that the lack of supervision from the central office they are talking about?

Mr. KRAABLE. I cannot read that in there, but I know those two comments are there.

Mr. STIGLER. Who made the report?

Mr. KRAABLE. Commander Ditto and his committee.

Mr. STIGLER. That is in conflict with what he testified before the committee, is it not?

Mr. KRAABLE. There is nothing adverse on the manager. It is the system that they are adversely commenting on.

Mr. McQUEEN. Under your general comments it would indicate that the hospital is above the average.

Mr. KRAABLE. That is right.

Mr. McQUEEN. Under the general comments submitted by this office, it indicates the Gulfport Hospital is above average.

Mr. DOMENGEAUX. What average?

Mr. McQUEEN. Any average.

Mr. KRAABLE. Municipal and State.

Mr. CUNNINGHAM. That was testified before this committee.

Mr. SCRIVNER. That makes it all the more puzzling, because in their report now they refer to the low morale of employees and personnel, due to poor supervision.

Mr. DOMENGEAUX. I think it is among the staff that the low morale exists. It does not exist among the patients.

Mr. SCRIVNER. That is among the personnel.

Mr. DOMENGEAUX. Among the personnel. I think great dissatisfaction does exist among many of the officers there who were placed in uniform, which resulted in reducing their salaries. And that is true of Colonel Sheffield who took quite a reduction in salary as a result of being placed in uniform.

Mr. JONES. Would you like to have our specific answer to that same question?

Mr. SCRIVNER. Yes.

Mr. JONES. Question 21: "How do they find the discipline and morale of the hospital personnel?"

And the answer: "Fair. Doctors are overworked; they have two Regular Army doctors who don't like their duty. Several complaints from staff since they are unable to obtain leave."

Then in the final conclusion it says: "The hospital has very good management, but the hospital itself is in a sad state or condition, and these conditions should either be improved or the hospital closed."

Mr. DOMENGEAUX. I didn't agree with that statement. It is much too extreme. You have a property there that was built piecemeal, which is not the most desirable type of hospital, but all of those buildings are certainly very livable and in excellent condition. Some of them are old, and proper planning of a hospital was not followed there because it was built to meet the needs as they developed. But the hospital grounds are certainly livable and adequate for that purpose anyway.

The CHAIRMAN. Not only that, the hospital faces the water and has one of the most beautiful outlooks of any place I have seen.

Mr. SCRIVNER. It takes more than scenery to get these men out of the hospital.

The CHAIRMAN. They have got more scenery. The men of the American Legion who went down there and visited that hospital, almost every week, you might say, came before this committee and so testified. And I go to Gulfport practically every year, and I never go there that I don't go through that Gulfport Facility. There are a large number of the patients there that I know personally, and I can tell you right now, if I am any judge at all, if the rest of them measure up to Gulfport Facility, the Administration is to be congratulated and not condemned. I don't say that there have not been a few cases of violently insane—we know that—and they would have to be taken care of as such, but you take it as a whole, and even those cases are better cared for, as well cared for as they could be anywhere else in the United States.

Mr. KRAABLE. This is the department commander's report, Mr. Chairman. I don't think it is condemnatory at all, because they put it above the average.

The CHAIRMAN. Knowing George Ditto and Luther Maine as I do, I am of the opinion that if there is anything radically wrong, they would have protested to me before they ever went to anyone else.

Mr. SCRIVNER. That all the more impresses me that there is some thing there on which to base the statement of poor supervision.

Mr. DOMENGEAUX. Did it say that in those words?

The CHAIRMAN. Who said that?

Mr. SCRIVNER. That is in Commander Ditto's report.

The CHAIRMAN. You mean the American Legion's report?

Mr. SCRIVNER. Yes.

Mr. KRAABLE. The question is this, Mr. Chairman [reading]:

How do they find the discipline and morale of the hospital personnel? What are their complaints, if any?

That is question 21. The answer:

(a) Unsatisfactory. (b) Complaints based on inadequate pay, shortage of personnel, and poor supervision.

The CHAIRMAN. What do they mean by "poor supervision"?

Mr. SCRIVNER. That is what I have been trying to find out.

Mr. DOMENGEAUX. All of these cases are so general that, so far as I am concerned, they are of very little value, unless the people who really make them can report on them. You can't get a correct picture of the situation with these things, as I see it.

Mr. KRAABLE. Later on, Congressman, they do mention, as I have said before, supervisory trips from the central office. Whether that is implied in here or not, I don't know.

Mr. DOMENGEAUX. But just a general statement might cover a multitude of sins. It is so general that you cannot draw a proper conclusion from it.

Mr. SCRIVNER. If there is something there, it probably would justify the committee going down to see what is the cause of it. There must be some cause for the statement, and, if the cause can be removed, that is our job, to see that it is removed.

The CHAIRMAN. I am trying to find out the cause now.

Mr. SCRIVNER. Of course, Mr. Kraable was not there.

Mr. KRAABLE. But this committee, Mr. Chairman, I understand, visited their facility sometime this winter. Now they have attached to the report the statement of a special commander's hospital committee held a Gulfport on January 21, 1943, at the call of the State commander.

The CHAIRMAN. Who is on the committee?

Mr. KRAABLE. The men you mentioned, George W. Ditto, Dr. D. L. Hollis, Dr. H. E. Bryan, Dr. H. B. Riggs, J. U. Simmons, Luther W. Maimes, E. E. Wedding, Joe Fleming, R. D. Morrow, R. H. Pekay, Cecil Connors.

The CHAIRMAN. That was E. E. Wedding—W-e-d-d-i-n-g?

Mr. KRAABLE. Yes.

The CHAIRMAN. I think I had a telegram from him this morning saying he would be up here the first of the week. If he is, we will bring him in. I know practically every one of those fellows.

Mr. KRAABLE. That statement of January 21 is part of this report.

Mr. DOMENGEAUX. May I say this further, Mr. Chairman, that I spent quite a few days there, and I saw no evidence of brutality whatsoever. I saw a situation which was similar to that which was



pictured in the Metropolitan, where a young veteran was not handcuffed but there was some kind of leather contraption around his wrist, and I think that was absolutely essential and desirable and necessary. He was among some of the other boys, a big, tall, handsome, powerful chap, dementia praecox type, violent. Just 2 days prior he had assaulted very seriously one of the doctors. That precaution was not only desirable, but absolutely essential for his own protection and the protection of others with whom he might come in contact in this hospital, exclusively a mental hospital. There was no evidence of anything the utmost kindness and consideration, and it was reflected in the attitude of these patients toward attendants and doctors.

Now, as to the buildings being inadequate, as mentioned by this other report, that may be. There was much room for improvement. One of the many things I saw that should be corrected was the fact that the patients entering this one structure or one building for operative purposes all have to be just brought across the lawn without any protection. I do not think that is a good situation.

The CHAIRMAN. You see, when that hospital was built, it was built for a centennial exhibition, the one hundredth anniversary of the admission of Mississippi to the Union, 1817, I believe it was. That was before I came to Congress. Then it was taken over and transformed into this hospital.

Mr. SCRIVNER. The hospital was built in 1817?

The CHAIRMAN. That is when Mississippi came into the Union.

Mr. SCRIVNER. I just wanted the record to be clear.

The CHAIRMAN. The hospital was taken over in 1917, and as I say, it was not originally built for a veterans' hospital, but the changes that have been made seem to have met the requirements, except as to the crowded conditions and some inconvenience as the gentleman from Louisiana has said, in getting from one building to another.

Mr. DOMENGEAUX. But not sufficient to inconvenience or affect the treatment and the eventual recovery of the patients?

Mr. STIGLER. Have you submitted a copy of your report from each State to the Veterans' Administration?

Mr. KRAABLE. We have submitted them in the case of the American Legion, all up to the point where we were informed that we were going to go through the whole list of them at one time and I withdrew the last 25, holding them in readiness hereafter. They will be photostated and returned to us with copies so there will be a copy available here also. We have done that in most cases. The last group we got about 20 or so.

The CHAIRMAN. Are you through with this Gulfport Facility?

Mr. KRAABLE. Yes.

The CHAIRMAN. Before you go into the Missouri situation, I am going to take a recess until 2 o'clock this afternoon, in order that we may get luncheon.

Mr. TATE. The Disabled American Veterans have submitted the entire report to the Veterans' Administration and to this committee.

(Whereupon, at 12:30 p. m. a recess was taken until 2 p. m. this day.)

(The matter referred to is as follows:)

## QUESTIONS TO BE ANSWERED AS TO EACH VETERANS' HOSPITAL

Name of hospital: Veterans' Administration Facility.

Address: Wichita 2, Kans., general medical and surgical, 252 beds.

1. Question. Are there any general or specific complaints on the medical treatment and hospital care received by the patients? If so, please describe briefly.

Answer. General complaint is that many veterans feel that they spend too much time in the receiving ward. Another general complaint is that apparently no matter how ill the man is he must answer innumerable questions on the day of his admission, irrespective of the fact that they may have his case history dated back to his entrance into the military service in World War I.

2. Question. Has remedial action been taken by the Veterans' Administration in these cases or others which may have been previously reported?

Answer. Remedial action in the above-cited specific cases has been a long, tedious process. In the Gordon case it has not yet been completed. The veteran was discharged November 10, 1943.

3. Question. What is your opinion of the relative standards of treatment in the veterans' hospitals as compared to the State, county, and municipal institutions in the same area?

Answer. After admission to treatment ward, standard of treatment is as good or better than treatment in State, county, and municipal institutions. We definitely feel that the standard could be considerably improved by permitting outside physicians to treat their patients in the Veterans' Administration hospitals. Also, that more consideration should be given to outside consultation on many, many cases.

4. Question. Do the manager, chief medical officer, and/or clinical director feel they have sufficient authority to run the hospital as efficiently as they might desire?

Answer. I do not recall any specific conversation with these gentlemen regarding this question.

5. Question. Do they feel that there are undue restrictions and regulations under which they must function? If so, kindly specify in what way.

Answer. We feel that Mr. B. A. Brooks, former field secretary assigned to Kansas, has already answered this question, or is in a position to answer it, as he has full knowledge of the facts. We further suggest that Mr. J. H. McKinley, present field secretary, should be able to answer this upon his next visit to Wichita.

6. Question. Do they feel they have sufficient authority and latitude to employ competent doctors, nurses, and attendants?

Answer. I feel this question should be answered by the national field secretary. We personally feel that competency depends on salary paid. Better doctors could be secured if a higher rate of pay was inaugurated.

7. Question. Do they have encouragement and support in research, in participating in clinical meetings, symposiums, medical lecture courses, etc.?

Answer. We believe that their lack of participation in clinical meetings is due primarily to the fact that it is not made attractive to them. In other words, we understand that only travel expense is paid.

8. Question. What definite complaints, if any, are there as to the quality, quantity, variety, and preparation of food in the veterans' hospitals?

Answer. We believe the Wichita Facility has an exceptionally fine dietitian. We feel that the orderlies sometimes are careless and leave the doors on the tray wagons open when they should close them. This results in food arriving cold to some patients. They seem to be handling this situation in a fairly good manner.

9. Question. Have there been, or are there, any specific cases of alleged abuse or negligence of patients?

Answer. We find occasional reports of neglect, such as saying that the ward doctor does not see them daily. We feel that daily contact with the veterans, while perhaps not doing him any good medically, has a decided psychological effect on his morale.

10. Question. Are the recreational facilities adequate?

Answer. We feel the library should be open longer hours. Otherwise adequate.

11. Question. Is the canteen service satisfactory, and are the prices charged veterans reasonable? If not, please describe.

Answer. Fairly adequate. Fairly satisfactory.

12. Question. Are the medical equipment and clinical arrangements satisfactory?

Answer. Satisfactory.

13. Question. Are the periods of hospitalization proper? Too long? Too brief?

Answer. In general, satisfactory. Know of none being too brief. However, some are perhaps too long because of the unnecessary length of time spent in receiving ward.

14. Question. Do patients feel they are required to remain in receiving wards too long before complete examinations and treatments are started?

Answer. Yes; in many instances. We feel this situation is due primarily to the fact that the hospital medical staff is also called upon to do all out-patient examinations and all reexaminations requested by the rating boards. We recommend separation of regional office activities from hospital activities. We feel the regional office should be stationed downtown with a sufficient medical staff to conduct the average out-patient and reexamination activities, except in those cases wherein observation is required.

15. Question. How about cleanliness and neatness in the buildings and on the grounds?

Answer. Satisfactory.

16. Question. Is it felt that the discipline and morale of the patients are satisfactory?

Answer. In general, satisfactory, except that we feel that perhaps ambulatory patients should be given a little more freedom by making downtown passes available more frequently.

17. Question. Are the transportation facilities to and from the hospital adequate?

Answer. We feel that transportation facilities are quite adequate, except that the ambulance, or ambulances, could be used more effectively by calling for emergency patients in a larger radius than present practice permits.

18. Question. Is the contact service considered satisfactory and adequate by the American Legion?

Answer. It is our studied opinion that the contact service is primarily the function of the American Legion and other veterans' organizations, and that the average veteran prefers service from the veterans' organizations rather than from contact service. Therefore, the answer is that the contact service at the Wichita Facility is more than adequate.

19. Question. How does the ratio of patients to full-time physicians and surgeons, nurses, and attendants in the veterans' hospital compare to that in State, county, and municipal institutions?

Answer. We say that the ratio is better in a veterans' hospital. We do not mean, however, that we feel the present staff is adequate.

20. Question. Are the patients too crowded? Is there sufficient floor space per patient?

Answer. No. There is sufficient floor space for patients.

21. Question. How do you find the discipline and morale of the hospital personnel? What are their complaints, if any?

Answer. Fair to good. We feel the second question about their complaints should be answered by the field secretary.

22. Question. What is your recommendation as to type and number of additional beds that may be required for the new load?

Answer. We feel additional beds should be made available for prospective women patients and that additional beds should be made available for emergency NP cases, but it is our understanding that certain plans have already been made to enlarge this hospital to a size which we believe will meet the requirements of a new load.

23. Question. What percentage of the patients are leaving the hospital against medical advice? Why?

Answer. The percentage is quite small. The primary reason they leave is because of insufficient pension or funds to meet their current expenses at home.

24. Question. What percentage of patients without dependents leave the hospitals against medical advice due to the reduction in pension while being hospitalized?

Answer. This phase has never been studied by us.

25. Question. Could better personal care be furnished with staff-aide program of Wacs trained in hospital routine, thus relieving nurses for more important duties?

Answer. We feel this would prove quite helpful. We further feel that it would tend to raise the morale of the patient.



26. Question. Are there any complaints on the part of the patients regarding the lack of information given them as to their physical condition and advice as to future treatment upon being discharged from the hospital?

Answer. We believe that during hospitalization insufficient information is given a veteran concerning his condition. We think more frankness would help, except in certain cases where we realize the knowledge would be detrimental to the patient. We feel that following discharge from the hospital the average veteran has very little idea of what he should do in the future to protect his health. We feel that if he were furnished a letter explaining for what he was treated and what medication he should follow after his release, it would in many, many instances result in far less applications for readmissions. We feel the average veteran will always answer the question as to complaints negatively, because he feels an affirmative answer would result in a bad rating by the rating board. The average veteran does not complain publicly, but he rather complains privately to the service officer.

27. Question. What general or specific recommendations would you offer as to the medical treatment and hospital care of veterans in Veterans' Administration facilities?

Answer. (1) We feel we have a Negro problem in Kansas and that adequate hospital care should be made available for them.

(2) We definitely recommend that out-patient examinations and other regional activities should be conducted in a downtown office rather than in the hospital itself.

(3) We definitely recommend a rotation policy. It would not necessarily have to be applied, but it would certainly be a great morale builder. In the Wichita Facility we have four doctors, namely, Dr. Hargus G. Shelly, chief, reception and out-patient service; Dr. Howard C. Curtis, Sr., medical officer; Dr. George K. Purves, medical officer; and Dr. J. W. Cheney, eye, ear, nose, and throat specialist, who have been on the staff at Wichita for over 20 years. We feel this is an unhealthy condition. This matter should receive immediate attention, and we are not unmindful of certain retirement possibilities. It will be noted in connection with this that Mr. T. O. Kraabel, National Director of Rehabilitation, on January 9, 1945, addressed a communication to Irvin L. Cowger, department adjutant of the American Legion of Kansas, copy of which is attached, wherein he made certain recommendations, and to which Charles M. Griffith, medical director, replied January 11, 1945, copy of which is attached. You will note we gained one point and one point only.

(4) We feel that the neuropsychiatric disabilities do not receive the attention they should by either the medical authorities or by the rating board. We feel that many NP patients should be observed by more than one NP specialist before a final diagnosis is made. We further feel that the rating for these disabilities should be determined by the entire record rather than considering the diagnosis resulting from a 5 to 25 minute examination by an NP specialist.

(5) We further feel that far too much attention is paid to the entrance complaints of veterans who are in most instances obviously ill from a specific condition and who may have other disabilities that to them at the moment are minor, and they fail to mention them. Someone should be charged with the responsibility of seeing to it that his prior diagnoses are carried forward. They do not fail to do this if the man has a service-connected compensable disability, but if he has consistently complained of other disabilities since discharge and fails to mention these upon being admitted, they are frequently overlooked. I can cite many, many cases of this character. Therefore, more curiosity and a more sympathetic approach is required.

28. Question. Is the space furnished service organizations adequate? Is the lighting adequate? Ventilation? Accessibility?

Answer. Definitely, no. In view of the fact that the American Legion, the newly created Office of Veterans Affairs, and other service organizations, such as the VFW, the DAV, and the American Red Cross are charged in effect with the following obligation:

(1) Collect data and information as to the facilities, benefits, compensation, and services now or hereafter available to veterans and their dependents.

(2) Provide an agency to which veterans and their dependents may apply for, and from which they may receive, information and assistance.

(3) Provide a central contact between Federal and State agencies dealing with the problems of, or administering services for, veterans or their dependents.

(4) File applications for, and prosecute claims of, veterans and their dependents for any benefit accruing to them under any Federal or State law.

(5) Provide such other services for veterans and their dependents and perform such other acts for their benefit or assistance.

It can readily be seen that they will require office space far in excess of that which is now available to them, and they should be granted space comparable to that furnished the personnel of the Veterans' Administration.

These offices are now located in a very inaccessible place; that is, the basement. The lighting and ventilation are, to say the least, terrible.

CHARLES E. BLACK.  
FORREST I. OFFICER.  
R. M. COLLINS.

#### QUESTIONS TO BE ANSWERED AS TO EACH VETERANS' HOSPITAL

Name of hospital: Veterans' Administration facility.

Address: Wadsworth, Kans. (neuropsychiatric, 2,065 beds).

1. Question. Are there any general or specific complaints on the medical treatment and hospital care received by the patients? If so, please describe briefly.

Answer. There are no specific complaints by the patients in the Wadsworth Facility on medical treatment and hospital care—with the exception of exhibit A, attached hereto—the nurse, Miss Donnie Krider, is still employed at this facility. There have been numerous general complaints but with no specific foundation. In such cases the claimant usually withdraws his complaint when an offer is made to take him before his ward doctor or chief medical officials.

2. Question. Has remedial action been taken by the Veterans' Administration in these cases or others which may have been previously reported?

Answer. Remedial action in most cases called to the attention of the hospital officials have been given immediate action—except that the nurse in the case of Mr. Leazer has never been reprimanded for her action.

3. Question. What is your opinion of the relative standards of treatment in the veterans' hospitals as compared to the State, county, and municipal institutions in the same area?

Answer. Better treatment is accorded the patients in the Wadsworth Facility than they would receive in State, county, and municipal institutions.

4. Question. Do the manager, chief medical officer, and/or clinical director feel they have sufficient authority to run the hospital as efficiently as they might desire?

Answer. This matter has not been discussed with these officials, but I am of the opinion that this facility is operated in a very efficient manner.

5. Question. Do they feel that there are undue restrictions and regulations under which they must function? If so, kindly specify in what way.

Answer. The past and present national field secretaries should be better qualified to answer this question, as a result of their tour of inspection.

6. Question. Do they feel they have sufficient authority and latitude to employ competent doctors, nurses, and attendants?

Answer. I am not informed as to this phase of their duties.

7. Question. Do they have encouragement and support in research, in participating in clinical meetings, symposiums, medical lecture courses, etc.?

Answer. I have no information regarding this matter.

8. Question. What definite complaints, if any, are there as to the quality, quantity, variety, and preparation of food in the veterans' hospitals?

Answer. Very few, if any, complaints have been registered with this office as to the quantity and quality of food. Some complaints have been made about the food arriving on the wards cold. This is due principally because of the less moderate tray carriers—the worn fasteners and hinges remain slightly ajar, thus letting the cool air circulate through the carriers, and the food is cooled off considerably, especially when consigned to patients on the fifth floor. The dietitian here is A-1, and she has a well-organized kitchen and dining-room force.

9. Question. Have there been, or are there, any specific cases of alleged abuse or neglect of patients?

Answer. As to a specific case of abuse, see exhibit A. As to neglect, I can recall only one specific case, that of Sylvester G. Godsey, C-3336569, World War II, who is paralyzed from waist down, was obviously neglected by his ward doctor and nurses, and was not bathed properly, nor turned in his bed; which neglect caused him to get bedsores on his back and buttocks, which are now healed, but which have left great cavities in his body. A Doctor Greenhouse was the ward



doctor, nurses not known. The doctor has since been transferred to another facility (unknown) but still an employee of the Veterans' Administration.

10. Question. Are the recreational facilities adequate?

Answer. Recreational facilities at Wadsworth are excellent.

11. Question. Is the canteen service satisfactory, and are the prices charged veterans reasonable? If not, please describe.

Answer. The canteen services at Wadsworth are not adequate at the present but are in the making and will be a reality in the near future. Prices are reasonable.

12. Question. Are the medical equipment and clinical arrangements satisfactory?

Answer. Yes; satisfactory.

13. Question. Are the periods of hospitalization proper? Too long? Too brief?

Answer. Generally satisfactory. Some service-connected cases could be released much sooner, if out-patient treatment was available in their respective areas. Some patients are required to remain in the hospital full time in order to be available for two or three hydro- or physio-therapy treatments a week. In these cases, too long.

14. Question. Do patients feel they are required to remain in receiving wards too long before complete examinations and treatment are started?

Answer. Several complaints have come in in the past year, but these are cases where it has been difficult to diagnose the case for a proper ward assignment. No specific case is recalled.

15. Question. How about cleanliness and neatness in the buildings and on the grounds?

Answer. Cleanliness in the hospital is excellent. As to the grounds and other buildings, no comment should be mentioned as there is considerable construction work going on here, thus making the landscape view not any too beautiful.

16. Question. Is it felt that the discipline and morals of the patients are satisfactory?

Answer. Yes, in general.

17. Question. Are the transportation facilities to and from the hospital adequate?

Answer. Sufficient in all respects.

18. Question. Is the contact service considered satisfactory and adequate by the American Legion?

Answer. The contact service in Wadsworth is adequate and their personnel are cooperative.

19. Question. How does the ratio of patients to full-time physicians and surgeons, nurses, and attendants in the veterans' hospital compare to that in State, county, and municipal institutions?

Answer. The ratio is better in this hospital than in the State, county, and municipal institutions, but there is still room for improvement.

20. Question. Are the patients too crowded? Is there sufficient floor space for patients?

Answer. Sufficient floor space is provided for patients.

21. Question. How do you find the discipline and morale of the hospital personnel? What are their complaints, if any?

Answer. Field secretary's report should answer this.

22. Question. What is your recommendation as to type and number of additional beds that may be required for the new load?

Answer. This facility is well equipped.

23. Question. What percentage of the patients are leaving the hospital against medical advice? Why?

Answer. Only a small percentage. For the most part they are World War II veterans, and I find the reason is that they are tired of hospitals, as they have spent considerable time in hospitals in the Army.

24. Question. What percentage of patients without dependents leave the hospitals against medical advice due to the reduction in pension while being hospitalized?

Answer. Have no information regarding this question.

25. Question. Could better personal care be furnished with staff aide program of Waes trained in hospital routine, thus relieving nurses for more important duties?

Answer. Decidedly yes.



26. Question. Are there any complaints on the part of the patients regarding the lack of information given them as to their physical condition and advice as to future treatment upon being discharged from the hospital?

Answer. The patients all become very much disturbed over this practice of the doctors, nurses, and officials. For the most part the patients leave the hospital without the least knowledge of their ailment and what treatment to take, and how to take care of themselves. I cannot concur with the doctors who have the opinion that all men entering the veterans' hospital have compensation neurosis. I rather think that the majority would rather have their health than a pension. The lack of information causes the patient to criticize the Veterans' Administration on the outside.

27. Question. What general or specific recommendations would you offer as to the medical treatment and hospital care of veterans in Veterans' Administration facilities?

Answer. Items 1, 2, 4, 5, in this questionnaire furnished by Mr. Black, Mr. Collins, and Mr. Officer, is concurred in as also pertaining to this facility.

28. Question. Is the space furnished service organizations adequate? Is the lighting adequate? Ventilation? Accessibility?

Answer. Sufficient space is not furnished to adequately and effectively carry on the work and consultations and interviews demanded of this office. Our present quarters are conveniently located, but is of insufficient space, poorly lighted but well ventilated. Larger quarters are essential now, and with a greater load coming on in the near offing, more space will be a necessity.

GORDON J. MAY,

*Assistant State Service Officer.*

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VETERANS' ADMINISTRATION,  
Wadsworth, Kans., December 30, 1944.

#### STATEMENT OF GILMER L. IEAZER, PATIENT WARD 5-EAST

Sometime between 8:30 and 9 p. m., December 29, 1944, Miss Donnie Krider, nurse on ward 5-east, came back in the ward to Mr. Omer Bowman to give him a hypo. Herschel Gannon, myself, and Bowman, were playing cards. Herschel Gannon and myself made clear so as to give her space in order to give the hypo to Mr. Bowman. In coming back to give the hypo in the arm, she said it was time to quit playing cards. After giving Bowman the hypo, she whirled and as I got up she stuck me in the hip with the needle. As quick as possible we had removed and picked up the cards, as she said it was bedtime. After I had gone back to my bed, she came over to give me my medicine, which consists of two aspirins, one little tablet which is for heart and nerves as I understand, and a sleeping tablet. When she handed it to me she just handed me the glass, the sleeping tablet being stuck to it, which, trying with one hand (my arm is broken) to use my fingers to get the capsule, it broke loose and fell on the floor and came partly apart and some was left on the floor, coming out of the capsule. She did not offer or insist in any way or form to give me another instead of the one which was dropped on the floor.

Later, I was going to the toilet. She stood in the middle of the aisle and told me that I was not going, to get back in bed. I said, "All right, bring me a bedpan or else \* \* \*" Therefore, she taken her hand and caught me by the throat and said she would slap me if I didn't get back in that bed and not go to the toilet, and jerked my bathrobe and tried to take it off and to push me to the bed. I told her that I was able to go to bed myself, that I did not need no help. Later I had to go, which I did go. She had her medicine cart halfway down the hall between her office and the doors of ward 5. She followed me all the way to the toilet, stepping on my heels every step she taken, followed me in the toilet, slammed the door, jerked me by my broken arm and whirled me around and slapped me in the face and left eye and kicked me in the privates with her knee which knocked me almost to the floor. Finally she said she was going to the O. D. and I told her to call the O. D. She told me not to come out of the toilet but I did, went back to my bed, pulled off my robe and went to bed.

Before going to the toilet I was sitting on the edge of the bed and she said "Muskogee, where are you going?" I said, "Bowman owes me a dime," but at the time I told her this I was expecting to go on to the toilet and I figured it was

none of her business, as every patient who is able and can go has the right to go to the toilet when they need to go in an emergency.

As to Miss Krider's charge that I insulted her, it is untrue to the best of my knowledge, and if I insulted her it was not my intentions as I think there has been testimony given in truth and faith. Here's the words I did say: "Miss Krider, I respect you as a nurse and as a lady, but I don't have to take this rough stuff" after she caught me by the throat.

When she followed me in the toilet she accused me of taking the sleeping capsules off the wagon. I was not even near it except to pass it when I came down the hall and when she accused me of this I looked at her and said, "Miss Krider, don't you accuse me of this because I don't have to take it for it's untrue." She said she would call the O. D. and I said "the quicker you call him the better it will be for me."

GILMER L. LEZZAR, C-599,770.

Subscribed and sworn to before me this the 30th day of December 1944.

MOLLIE F. WIGGINS, *Notary Public.*

THE AMERICAN LEGION OF KENTUCKY,  
DEPARTMENT HEADQUARTERS,  
Louisville, Ky., May 9, 1945.

EDWARD N. SCHEIBERLING,  
*National Commander, American Legion,  
Washington 6 D. C.*

MY DEAR COMMANDER: As per your request by letter of March 21, 1945, regarding the factual conditions at the present time, of Veterans' Administration hospitals in this State, I have enclosed herewith the final report of the inspections which were made by Mr. Claude Sprouls our State service officer. The report of the hospital here in Lexington was sent to Mr. Kraable a few weeks ago and as these inspections were carried out, gave the patients an added assurance that the tion in Kentucky, this report is of course the concluding one.

While it was found that no physical abuse was evident these inspections by the American Legion indicated to the patients of the facilities that the Legion was vitally interested in their welfare and by its thoroughness in the way in which these inspections were carried out, gave the patients an added assurance that the American Legion meant business.

If there be anything further in which I can be of service to you I will be most happy to cooperate. You are doing an outstanding job as our chief, and the American Legion is going forward at a rapid pace under your efficient supervision, and if there was ever a time in the Legion's history that it needed super guidance, it is most certainly now, and the results of your accomplishments prove that once again the American Legion has a great leader in you. Congratulations.

With kindest personal regards and every good wish, I remain,

Most sincerely yours,

GARLAND G. BRYANT,  
*Commander, Kentucky American Legion.*

#### QUESTIONS TO BE ANSWERED AS TO EACH VETERANS' HOSPITAL

(Kindly respond in same numerical order, and airmail the report to National Commander Scheiberling, Washington 6, D. C.)

Name of hospital: United States Veterans' Administration hospital.  
Address: Lexington, Ky. (Neuropsychiatric, 663 beds.)

1. Question. Are there any general or specific complaints on the medical treatment and hospital care received by the patients? If so, please describe briefly.

Answer. At this facility there is a complaint of GM patients, admitted for emergency treatment, that they are required to stay on a locked ward. It appears that a GM ward would eliminate this difficulty.

2. Question. Has remedial action been taken by the Veterans' Administration in these cases or others which may have been previously reported?

Answer. Reason for the above is given as lack of housing facilities.

3. Question. What is your opinion of the relative standards of treatment in the veterans' hospitals as compared to the State, county, and municipal institutions in the same area?

Answer. Standards compare favorably.

4. Question. Do the manager, chief medical officer and/or clinical director feel they have sufficient authority to run the hospital as efficiently as they might desire?

Answer. Yes.

5. Question. Do they feel that there are undue restrictions and regulations under which they must function? If so, kindly specify in what way.

Answer. No.

6. Question. Do they feel they have sufficient authority and latitude to employ competent doctors, nurses, and attendants?

Answer. Yes.

7. Question. Do they have encouragement and support in research, in participating in clinical meetings, symposiums, medical lecture courses, etc.?

Answer. Yes, as well as we know.

8. Question. What definite complaints, if any, are there as to the quality, quantity, variety, and preparation of food in the veterans' hospitals?

Answer. There are occasional complaints from World War II veterans as to the quantity of food. Otherwise, quite satisfactory.

9. Question. Have there been or are there any specific cases of alleged abuse or neglect of patients?

Answer. Not to our knowledge.

10. Question. Are the recreational facilities adequate?

Answer. Yes.

11. Question. Is the canteen service satisfactory, and are the prices charged veterans reasonable? If not, please describe.

Answer. Yes.

12. Question. Are the medical equipment and clinical arrangements satisfactory?

Answer. Yes.

13. Question. Are the periods of hospitalization proper? too long? too brief?

Answer. In a hospital of this type, the complaint is always that the period of hospitalization is too long, as is to be expected.

14. Question. Do patients feel they are required to remain in receiving wards too long before complete examinations and treatment are started?

Answer. This complaint is inevitable in a neuropsychiatric hospital.

15. Question. How about cleanliness and neatness in the buildings and on the grounds?

Answer. Excellent.

16. Question. Is it felt that the discipline and morale of the patients are satisfactory?

Answer. The morale of the patients is generally satisfactory.

17. Question. Are the transportation facilities to and from the hospital adequate?

Answer. Yes.

18. Question. Is the contact service considered satisfactory and adequate by the American Legion?

Answer. Yes.

19. Question. How does the ratio of patients to full-time physicians and surgeons, nurses, and attendants in the veterans' hospital compare to that in State, county, and municipal institutions?

Answer. The ratio is better at the Veterans' Administration.

20. Question. Are the patients too crowded? Is there sufficient floor space per patient?

Answer. Yes. The facility has seldom an empty bed, but the situation will be eased shortly upon completion of a new ward building.

21. Question. How do you find the discipline and morale of the hospital personnel? What are their complaints, if any?

Answer. Good. Few complaints.

22. Question. What is your recommendation as to type and number of additional beds that may be required for the new load?

Answer. There will be sufficient bed space as soon as the new buildings are completed.

23. Question. What percentage of the patients are leaving the hospital against medical advice? Why?

Answer. Against medical advice discharges at this hospital, with locked wards, are usually due to the insistence of relatives.



24. Question. What percentage of patients without dependents leave the hospitals against medical advice due to the reduction in pension while being hospitalized?

Answer. Few.

25. Question. Could better personal care be furnished with staff aide program of Wacs trained in hospital routine, thus relieving nurses for more important duties?

Answer. Most certainly.

26. Question. Are there any complaints on the part of the patients regarding the lack of information given them as to their physical condition and advice as to future treatment upon being discharged from the hospital?

Answer. Complaints of this type are understandable at this hospital, the information being withheld by reason of policy.

27. Question. What general or specific recommendations would you offer as to the medical treatment and hospital care of veterans in Veterans' Administration facilities?

Answer. There should be established at this facility at least one general medical ward, nonneuropsychiatric. It is felt that general medical patients should not be subjected to the same restrictions placed on NP patients. There is a tendency to hold patients for observation at this facility even though there is no indication of a neuropsychiatric disease.

There is an urgent need for a general medical hospital centrally located within the State.

#### QUESTIONS TO BE ANSWERED AS TO EACH VETERANS HOSPITAL

(Kindly respond in same numerical order, and air mail the report to National Commander Scheiberling, Washington 6, D. C.)

Name of hospital: United States Veterans' Administration hospital.

Address: Outwood, Ky., (TB, 380 beds).

1. Question. Are there any general or specific complaints on the medical treatment and hospital care received by the patients? If so, please describe briefly.

Answer. Generally, the patients have no complaints of the medical treatment or hospital care at this facility. However, there has been no effort made to keep the general medical patients separated from the active TB patients in the receiving wards.

2. Question. Has remedial action been taken by the Veterans' Administration in these cases or others which may have been previously reported?

Answer. The chief medical officer stated that he had made plans to utilize some day-room space to keep the two types of patients separated.

3. Question. What is your opinion of the relative standards of treatment in the veterans' hospitals as compared to the State, county, and municipal institutions in the same area?

Answer. It is my opinion that slightly better treatment is rendered to patients by our State, county, and municipal institutions. The hospital is perhaps doing its best with the available equipment.

4. Question. Do the manager, chief medical officer, and/or clinical director feel they have sufficient authority to run the hospital as efficiently as they might desire?

Answer. No.

5. Question. Do they feel that there are undue restrictions and regulations under which they must function? If so, kindly specify in what way.

Answer. There is too much restriction imposed by central office, the Veterans' Administration, Washington, D. C. They have no freedom to act for themselves or institute procedure that would assist in their work. Before anything is done or even considered, central office must first be consulted.

6. Question. Do they feel they have sufficient authority and latitude to employ competent doctors, nurses, and attendants?

Answer. Yes, after employment is approved by central office.

7. Question. Do they have encouragement and support in research, in participating in clinical meetings, symposiums, medical lecture courses, etc.?

Answer. The chief medical officer stated that if the hospital were located near a metropolitan city the staff could attend clinical meetings with specialists in that area, thus affording them more knowledge of up-to-date treatment of TB. Staff meetings are held regularly, but maximum benefits are not attained.

8. Question. What definite complaints, if any, are there as to the quality, quantity, variety, and preparation of food in the veterans' hospitals?

Answer. None. The food is very good, well prepared, well seasoned, and the meal is always served to the patients warm.

9. Question. Have there been or are there any specific cases of alleged abuse or neglect of patients?

Answer. It is my contention that the most vivid example of abuse is that mentioned in question No. 1, where patients with active TB are put alongside general medical patients. No effort has yet been made to correct this in the receiving wards.

10. Question. Are the recreational facilities adequate?

Answer. Yes.

11. Question. Is the canteen service satisfactory, and are the prices charged veterans reasonable? If not, please describe.

Answer. Yes. However, it would be well if priorities would be issued the canteen similar to those issued to the Veterans' Administration. This would enable the patients to secure many things they are now unable to purchase. Most of the patients are bedfast and the canteen is the only source from which they are able to make purchases.

12. Question. Are the medical equipment and clinical arrangements satisfactory?

Answer. No. The medical equipment is poor. Dr. Thomas, the chief medical officer, stated that new equipment was requisitioned approximately 2 months ago, but has yet not been received.

13. Question. Are the periods of hospitalization proper? Too long? Too brief?

Answer. The periods of hospitalization are proper.

14. Question. Do patients feel they are required to remain in receiving wards too long before complete examinations and treatment are started?

Answer. No.

15. Question. How about cleanliness and neatness in the buildings and on the grounds?

Answer. The grounds are well kept. Cleanliness and neatness in most of the buildings is satisfactory.

16. Question. Is it felt that the discipline and morale of the patients are satisfactory?

Answer. Morale has improved since the American Legion has instituted a new program of entertainment for the veterans. The location of the hospital is definitely not conducive to good morale.

17. Question. Are the transportation facilities to and from the hospital adequate?

Answer. No. There is only one bus running between Dawson Springs and the hospital.

18. Question. Is the contact service considered satisfactory and adequate by the American Legion?

Answer. The contact service at the hospital is very good.

19. Question. How does the ratio of patients to full-time physicians and surgeons, nurses, and attendants in the veterans' hospital compare to that in State, county, and municipal institutions?

Answer. The facility is short 11 nurses on its staff.

20. Question. Are the patients too crowded? Is there sufficient floor space per patient?

Answer. The patients are much too crowded.

21. Question. How do you find the discipline and morale of the hospital personnel? What are their complaints, if any?

Answer. Poor. There is conflict between the civilian directors and Army personnel. Again, the location of the hospital has much to do with it.

22. Question. What is your recommendation as to type and number of additional beds that may be required for the new load?

Answer. At least 100 new beds.

23. Question. What percentage of the patients are leaving the hospital against medical advice? Why?

Answer. Unknown.

24. Question. What percentage of patients without dependents leave the hospitals against medical advice due to the reduction in pension while being hospitalized?

Answer. Unknown.

25. Question. Could better personal care be furnished with staff aide program of Wacs trained in hospital routine, thus relieving nurses for more important duties?

Answer. Yes, Wacs could greatly ease the nurse shortage at this facility. However, I have been informed that the chief nurse refuses to accept Wac help.

26. Question. Are there any complaints on the part of the patients regarding the lack of information given them as to their physical condition and advice as to future treatment upon being discharged from the hospital?

Answer. No.

27. Question. What general or specific recommendations would you offer as to the medical treatment and hospital care of veterans in Veterans' Administration facilities?

Answer. It is my recommendation—

(1) That new lighting be installed in the washrooms where barbers have to work.

(2) That more veterans be employed in the vacancies that so often occur.

(3) That the chaplains be reimbursed for their trips to and from the hospital and that their lodging and meals be furnished.

(4) That a recreational aide be assigned to the hospital.

(5) That the two unoccupied ward buildings be opened and prepared for patients.

(6) That a kitchen be constructed for the use of these two wards.

(7) That arrangements be made to care for the influx of physical examination requests forwarded by the Veterans' Administration at Lexington, Ky., and elsewhere.

(8) That the day rooms be furnished with more modern equipment and made to appear more cheerful.

(9) That the exterior of all the buildings be repaired.

(10) That "red tape" and binding restrictions imposed by central office be cut.

#### QUESTIONS TO BE ANSWERED AS TO EACH VETERANS' HOSPITAL

(Kindly respond in same numerical order, and air mail the report to National Commander Scheiberling, Washington 6, D. C.)

Name of hospital: Veterans' Administration facility.

Address: Alexandria, La. (General medical and surgical, 739 beds.)

1. Question. Are there any general or specific complaints on the medical treatment and hospital care received by the patients? If so, please describe briefly.

Answer. Yes. In TB wards not enough nurses and attendants at night.

2. Question. Has remedial action been taken by the Veterans' Administration in these cases or others which may have been previously reported?

Answer. Endeavoring to secure nurses and attendants.

3. Question. What is your opinion of the relative standards of treatment in the veterans' hospitals as compared to the State, county, and municipal institutions in the same area?

Answer. Veterans' Administration hospitals far superior.

4. Question. Do the manager, chief medical officer, and/or clinical director feel they have sufficient authority to run the hospital as efficiently as they might desire?

Answer. Yes.

5. Question. Do they feel that there are undue restrictions and regulations under which they must function? If so, kindly specify in what way.

Answer. No.

6. Question. Do they feel they have sufficient authority and latitude to employ competent doctors, nurses, and attendants?

Answer. None for doctors. Nurses and attendants, yes.

7. Question. Do they have encouragement and support in research, in participating in clinical meetings, symposiums, medical lecture courses, etc.?

Answer. Yes. At least one staff meeting per week when special cases are discussed.

8. Question. What definite complaints, if any, are there as to the quality, quantity, variety, and preparation of food in the veterans' hospitals?

Answer. Some complaints justified regarding quality and preparation of food. Meal served day we were there not up to standard.



9. Question. Have there been or are there any specific cases of alleged abuse or neglect of patients?

Answer. None.

10. Question. Are the recreational facilities adequate?

Answer. Yes; at this time.

11. Question. Is the canteen service satisfactory, and are the prices charged veterans reasonable? If not, please describe.

Answer. Yes.

12. Question. Are the medical equipment and clinical arrangements satisfactory?

Answer. Yes; modern and additional X-ray and equipment to be installed which will be the latest models.

13. Question. Are the periods of hospitalization proper? Too long? Too brief?

Answer. No complaints. Hospital period in keeping with proper treatment and maximum benefit.

14. Question. Do patients feel they are required to remain in receiving wards too long before complete examinations and treatment are started?

Answer. No complaint. Records show approximately 3 days. History, X-rays, Wassermann, and general examination.

15. Question. How about cleanliness and neatness in the buildings and on the grounds?

Answer. Very good.

16. Question. Is it felt that the discipline and morale of the patients are satisfactory?

Answer. Discipline very high; morale in TB wards low.

17. Question. Are the transportation facilities to and from the hospital adequate?

Answer. Yes. One bus per hour, public conveyance. Another station wagon needed.

18. Question. Is the contact service considered satisfactory and adequate by the American Legion?

Answer. Yes.

19. Question. How does the ratio of patients, to full-time physicians and surgeons, nurses, and attendants in the veterans' hospital compare to that in State, county, and municipal institutions?

Answer. Superior.

20. Question. (1) Are the patients too crowded? (2) Is there sufficient floor space per patient?

Answer (1) No. (2) Yes.

21. Question. How do you find the discipline and morale of the hospital personnel? What are their complaints, if any?

Answer. Nurses 2 years without annual leave, overworked. Patients state that head nurse, Miss McCann, too severe with cadet nurses and others causing nurses to leave service. Suggest investigation by representative central office of nurses who have left.

22. Question. What is your recommendation as to type and number of additional beds that may be required for a new load?

Answer. Approximately one thousand; no TB; principally general medical and surgery.

23. Question. What percentage of the patients are leaving the hospital against medical advice? Why?

Answer. (1) TB approximately 20 percent. (2) Homesickness World War II and reduction in compensation both wars.

24. Question. What percentage of patients without dependents leave the hospitals against medical advice due to the reduction in pension while being hospitalized?

Answer. Very difficult to determine. Note answer to question 23.

25. Question. Could better personal care be furnished with staff aide program of Waes trained in hospital routine, thus relieving nurses for more important duties?

Answer. Consensus of opinion, no.

26. Question. Are there any complaints on the part of the patients regarding the lack of information given them as to their physical condition and advice as to future treatment upon being discharged from the hospital?

Answer. No.

27. Question. What general or specific recommendations would you offer as to the medical treatment and hospital care of veterans in Veterans' Administration facilities?

Answer. We believe that medical treatment, hospital care and the morale of the patients would be greatly improved if hospitals were built to care for tubercular patients. We recommend that the TB patients in the Alexandria Facility be moved to a TB hospital and the space utilized for general medical and surgery. We believe that nurses, doctors, and attendants should be given equal status, pay, and allowances as those in the Army service assigned to Veterans' Administration facilities. We believe that a study should be made of the pay schedule allowed employees of veterans' hospitals with the idea in view of making employment at these institutions more attractive.

Your committee feels that the veterans treated at the Alexandria Facility are fortunate in having the type of manager as Dr. T. F. Moore, who understands the problems of the veterans and whose sympathy is always for the welfare of the ex-servicemen. We appreciate his courtesy and cooperation in the conduct of this survey.

LINDEN DALFERS,  
CHESTER R. DEVELOY,  
*Past Department Commissioner.*

VETERANS OF FOREIGN WARS OF THE UNITED STATES,  
NATIONAL REHABILITATION SERVICE,  
*Washington 5, D. C.*

LOUISIANA (ONE HOSPITAL)

Alexandria Facility, Alexandria: General medical hospital, 739 beds.

Complaints: Insufficient nurses and attendants at night. (NOTE.—Effort is being made to remedy this.)

Quality and preparation of food is criticized.

Recommendations: Correction of above; construction of a TB hospital in order that TB patients in Alexandria may be removed.

Remarks: This hospital gets a good report, but the committee recommends study of Veterans' Administration pay schedules.

REPORT OF SURVEY OF VETERANS' ADMINISTRATION FACILITY, ALEXANDRIA, LA., MADE  
BY DEPARTMENT OF LOUISIANA ON APRIL 4, 1945

1. Question. Are there any general or specific complaints on the medical treatment and hospital care received by the patients? If so, please describe briefly.

Answer. Yes. TB wards, not sufficient attendants and nurses at night.

2. Question. Has remedial action been taken by the Veterans' Administration in these cases or others which may have been previously reported?

Answer. Endeavoring to secure additional nurses and attendants.

3. Question. What is your opinion of the relative standards of treatment in the veterans' hospitals as compared to the State, county, and municipal institutions in the same area?

Answer. Veterans' Administration far superior.

4. Question. Do the manager, chief medical officer, and/or clinical director feel they have sufficient authority to run the hospital as efficiently as they might desire?

Answer. Yes.

5. Question. Do they feel that there are undue restrictions and regulations under which they must function? If so, kindly specify in what way.

Answer. No.

6. Question. Do they feel they have sufficient authority and latitude to employ competent doctors, nurses, and attendants?

Answer. None for doctors. Nurses and attendants; yes.

7. Question. Do they have encouragement and support in research, in participating in clinical meetings, symposiums, medical lecture courses, etc.?

Answer. Yes. At least one staff meeting each week. Special cases discussed.

8. Question. What definite complaints, if any, are there as to the quality, quantity, variety, and preparation of food in the veterans' hospitals?

Answer. Sterilizer not mechanically in good shape. Many complaints justified regarding quality and preparation of food.

9. Question. Have there been or are there any specific cases of alleged abuse or neglect of patients?

Answer. None.

10. Question. Are the recreational facilities adequate?

Answer. Yes. At this time.

11. Question. Is the canteen service satisfactory, and are the prices charged veterans reasonable? If not, please describe.

Answer. Yes.

12. Question. Are the medical equipment and clinical arrangements satisfactory?

Answer. Yes. New X-ray and dental center authorized.

13. Question. Are the periods of hospitalization proper? Too long? Too brief?

Answer. No complaints. Period in keeping with proper treatment and maximum benefit.

14. Question. Do patients feel they are required to remain in receiving wards too long before complete examinations and treatment are started?

Answer. No complaints. Records show approximately 3 days. Case history, X-ray, Wassermann, and general examination.

15. Question. How about cleanliness and neatness in the buildings and on the grounds?

Answer. Very good.

16. Question. Is it felt that the discipline and morale of the patients are satisfactory?

Answer. Discipline very high; morale in TB wards low.

17. Question. Are the transportation facilities to and from the hospital adequate?

Answer. No. One bus per hour; public conveyance. Another station wagon needed.

18. Question. Is the contact service considered satisfactory and adequate by the VFW?

Answer. Yes.

19. Question. How does the ratio of patients to full-time physicians and surgeons, nurses, and attendants in the veterans' hospital compare to that in State, county, and municipal institutions?

Answer. Superior.

20. Question. (1) Are the patients too crowded? (2) Is there sufficient floor space per patient?

Answer. (1) No. (2) Yes.

21. Question. How do they find the discipline and morale of the hospital personnel? What are their complaints, if any?

Answer. Nurses, 2 years without annual leave, overworked. Patients state that Head Nurse McCann is too severe with cadet nurses and others, causing nurses to leave service. Suggest investigation by representative, central office of nurses who have left.

22. Question. What is your recommendation as to type and number of additional beds that may be required for the new load?

Answer. Approximately 1,000 additional beds, general medical and surgery. No TB.

23. Question. What percentage of the patients are leaving the hospital against medical advice? Why?

Answer. TB approximately 20 percent. Homesickness, World War II, and reduction of compensation, both wars.

24. Question. Could better personal care be furnished with staff aide program of Wacs trained in hospital routine, thus relieving nurses for more important duties?

Answer. No. Colored maids presently employed to relieve nurses of many duties.

25. Question. What percentage of the patients without dependents leave the hospitals against medical advice due to the reduction in pension while being hospitalized?

Answer. High percentage. Very difficult to determine.

26. Question. Are there any complaints on the part of the patients regarding the lack of information given them as to their physical condition and advice as to future treatment upon being discharged from the hospital?

Answer. No.



27. Question. What general or specific recommendations would you offer as to the medical treatment and hospital care of veterans in Veterans' Administration facilities?

Answer. We believe that medical treatment, hospital care, and the morale of the patients would be greatly improved if hospitals were built to care for tubercular patients. We recommend that the TB patients in the Alexandria Facility be moved to a TB hospital, construction of which should be under way as soon as is reasonably possible and that the space thus released be utilized for general medical and surgery patients. We believe that nurses, doctors, and attendants should be given equal status, pay, and allowances as those in the Army service assigned to Veterans' Administration facilities. We believe that a study should be made of the pay schedule allowed employees of veterans' hospitals with the idea in view of making employment at these institutions more attractive.

We further recommend that the Veterans' Administration insist on the necessary priority for food and that immediate steps be taken to provide adequate meals for patients hospitalized in the facility. Your committee feels that the veterans treated at the Alexandria Facility are fortunate in having the type of manager as Dr. T. F. Moore, who understands the problems of the veterans and whose sympathy is always for the welfare of the ex-serviceman. We appreciate his courtesy and cooperation in the conduct of this survey.

J. W. ANGERS, Jr.,  
*Commander, Department of Louisiana.*  
 W. W. TWIGG,  
*Committeeman.*  
 H. C. REDMON,  
*Committeeman.*

DEPARTMENT OF MAINE,  
*Waterville, Maine, May 13, 1945.*

EDWARD N. SCHEIBERLING,

*National Commander, the American Legion, Washington, D. C.*

DEAR COMMANDER SCHEIBERLING: We just received today the report from the board of four doctors which was requested to investigate the situation at the hospitals at Togus, Maine.

The board consisted of Dr. Frederick T. Hill, Waterville, Maine, president of Maine Medical Association; Dr. Carl J. Hedin, Bangor, Maine, superintendent of Bangor State Hospital (for the insane); Dr. Allan Craig, Bangor, Maine, superintendent of Eastern Maine General Hospital, Bangor, Maine; Dr. Stephen S. Brown, Portland, Maine, superintendent of Maine General Hospital, Portland, Maine.

All of the above doctors are M. D.'s.

As you apparently wish this report in Washington as soon as possible, we are mailing it air mail. Our own recommendations on the place will probably not get into the mail till Tuesday.

Fraternally,

GERRY WADE, *Department Commander.*  
 JAMES L. BOYLE, *Department Adjutant.*

Name of hospital: Veterans' facility.

Address: Togus, Maine (neuropsychiatric, 1,108 beds).

1. Question. Are there any general or specific complaints on the medical treatment and hospital care received by the patients? If so, please describe briefly.

Answer. New England people, as represented in patients, always will be skeptical of the type of medical personnel now being assigned to the hospital. As to specific complaints, only one at present. One doctor does not give proper attention to patients. This man is being transferred.

2. Question. Has remedial action been taken by the Veterans' Administration in these cases or others which may have been previously reported?

Answer. Action has been taken but after much delay and much procrastination in cases where transfer has been requested. It may take months before the change is made.

3. Question. What is your opinion of the relative standards of treatment in the veterans' hospitals as compared to the State, county, and municipal institutions in the same area?

Answer. Mental hospital compares very favorably with similar State institutions. The medical hospital can only be compared to voluntary hospitals (no

county or municipal hospitals in Maine). It compares rather unfavorably due to certain deficiencies in type of medical personnel, but is being improved.

4. Question. Do the manager, chief medical officer, and/or clinical director feel they have sufficient authority to run the hospital as efficiently as they might desire?

Answer. No. They have no knowledge of type of personnel until assigned, no opportunity to select physicians desired. They have to take what is sent them from Washington.

5. Question. Do they feel that there are undue restrictions and regulations under which they must function? If so, kindly specify in what way.

Answer. Yes. The quality and extent of medical care is handicapped by the large amount of unnecessary paper work required of the medical staff. The neuropsychiatric doctors have to assume all property responsibility with patients, listing clothes, moneys, etc.; a waste of professional time.

6. Question. Do they feel they have sufficient authority and latitude to employ competent doctors, nurses, and attendants?

Answer. No. There is no authority or latitude to employ doctors. Only lately have they been allowed to recruit nurses locally. Attendants are recruited locally.

7. Question. Do they have encouragement and support in research, in participating in clinical meetings, symposiums, medical lecture courses, etc.?

Answer. No.

8. Question. What definite complaints, if any, are there as to the quality, quantity, variety, and preparation of food in the veterans' hospitals?

Answer. None.

9. Question. Have there been or are there any specific cases of alleged abuse or neglect of patients?

Answer. No.

10. Question. Are the recreational facilities adequate?

Answer. No; but there will be as soon as those now under contract are completed.

11. Question. Is the canteen service satisfactory, and are the prices charged veterans reasonable? If not, please describe.

Answer. Yes.

12. Question. Are the medical equipment and clinical arrangements satisfactory?

Answer. Yes.

13. Question. Are the periods of hospitalization proper? Too long? Too brief?

Answer. Probably too long in medical hospital. Bound to be the case in any Government hospital where service is gratuitous. This is not the case in the NP hospital where period is apt to be too short because of a. m. a. discharges. Too many mental patients are discharged against advice because the manager and medical staff do not have legal authority to hold such patients when relatives and guardians request their removal.

14. Question. Do patients feel they are required to remain in receiving wards too long before complete examinations and treatment are started?

Answer. No, with few exceptions, due largely to attitude of patients who have not the intelligence to appreciate conditions. Such complaints not justified.

15. Question. How about cleanliness and neatness in the buildings and on the grounds?

Answer. Excellent.

16. Question. Is it felt that the discipline and morale of the patients are satisfactory?

Answer. Yes.

17. Question. Are the transportation facilities to and from the hospital adequate?

Answer. Yes.

18. Question. Is the contact service considered satisfactory and adequate by the American Legion?

Answer. Yes; excellent.

19. Question. How does the ratio of patients to full-time physicians and surgeons, nurses, and attendants in the veterans' hospital compare to that in State, county, and municipal institutions?

20. Answer. Very good.

20. Question. Are the patients too crowded? Is there sufficient floor space per patient?

Answer. Not at present. Adequate floor space per patient, but the general medical hospital will require immediate expansion as it will be overcrowded in 6 months and an acute unit is needed in the NP hospital.

21. Question. How do you find the discipline and morale of the hospital personnel?

Answer. Good.

Question. What are their complaints, if any?

Answer. Too much unnecessary paper work.

22. Question. What is your recommendation as to type and number of additional beds that may be required for the new load?

Answer. Double capacity of medical and surgical hospital. Create additional space for out-patient examining unit, which should have separate medical personnel. Increase capacity for TB patients, that they may be cared for nearer home. Add standard acute NP building complete with physio- and hydro-therapy departments and swimming pool.

23. Question. What percentage of the patients are leaving the hospital against medical advice? Why?

Answer. Ten and five-tenths percent, ninety-five percent of whom are NP cases. This is because of distance of hospital from home of parents, usually beyond New England area. Also because the manager has no legal authority to hold them if relatives or guardians request their discharge.

24. Question. What percentage of patients without dependents leave the hospitals against medical advice due to the reduction in pension while being hospitalized?

Answer. None.

25. Question. Could better personal care be furnished with staff aide program of WAC's trained in hospital routine, thus relieving nurses for more important duties?

Answer. No. Better supplemented by attendants, as at present.

26. Question. Are there any complaints on the part of the patients regarding the lack of information given them as to their physical condition and advice as to future treatment upon being discharged from the hospital?

Answer. Yes. Usually a result of attitude of certain of medical personnel and again due to employment of unsatisfactory type of doctor.

27. Question. What general or specific recommendations would you offer as to the medical treatment and hospital care of veterans in Veterans' Administration facilities?

Answer. Improve character and quality of medical personnel. Efforts should be made to recruit a higher type of physician as those now attracted to the service are often unsatisfactory. There appears to be a weakness in the method of taking men through civil service, with little or no opportunity for selection or discipline, other than by requesting transfer. In such cases undesirable and unqualified men are simply passed on from one place to another, sometimes with unmerited promotions. In this hospital an excellent administrative staff is handicapped by a medical staff which, in part, at least, fails to have the qualities and the idealism that should be inherent in any physician.

There is marked overemphasis on "Compensatory time" and "Leave privileges." This has a deleterious effect upon the medical care and seems quite out of place in any hospital. When medicine watches the time clock, it loses the idealism of the healing art.

There should be more encouragement for postgraduate study and for closer contacts with local, sectional, medical, and hospital meetings, in order that the medical personnel may be kept abreast of recent developments and that a more scientific attitude be engendered. Staff meetings of the veterans' hospitals should be held outside of routine hours and not considered on a compensatory basis. These are opportunities for the physician to improve himself. They should be conducted on an educational level. Qualified civilian physicians from nearby hospitals could be utilized as guest speakers, discussers, etc.

Specifically, for this hospital, the filing of the position of clinical director for the general medical and surgical hospital should be expedited. Urgently needed is the addition of a wing to house the out-patient examining unit and the building of a new nurses' quarters adjacent to the NP hospital.

ALLAN CRAIG, M. D.,  
STEPHEN S. BROWN, M. D.,  
CARL J. HEDIN, M. D.,  
FREDERICK T. HILL, M. D.,  
Per FREDERICK T. HILL,



## QUESTIONS TO BE ANSWERED AS TO EACH VETERANS' HOSPITAL

(Kindly respond in same numerical order, and air mail the report to National Commander Scheiberling, Washington 6, D. C.)

Name of hospital: United States Veterans' Administration hospital.

Address: Fort Howard, Md. (general medical and surgical, 364 beds).

1. Question. Are there any general or specific complaints on the medical treatment and hospital care received by the patients? If so, please describe briefly.

Answer. None.

2. Question. Has remedial action been taken by the Veterans' Administration in these cases or others which may have been previously reported?

Answer. ———.

3. Question. What is your opinion of the relative standards of treatment in the veterans' hospitals as compared to the State, county, and municipal institutions in the same area?

Answer. Very good.

4. Question. Do the manager, chief medical officer, and/or clinical director feel they have sufficient authority to run the hospital as efficiently as they might desire?

Answer. As far as we understand, yes.

5. Question. Do they feel that there are undue restrictions and regulations under which they must function? If so, kindly specify in what way.

Answer. No.

6. Question. Do they feel they have sufficient authority and latitude to employ competent doctors, nurses, and attendants?

Answer. Unable to answer this with any degree of authenticity.

7. Question. Do they have encouragement and support in research, in participating in clinical meetings, symposiums, medical lecture courses, etc.?

Answer. No; due to the fact that there are not sufficient doctors on the staff.

8. Question. What definite complaints, if any, are there as to the quality, quantity, variety, and preparation of food in the veterans' hospitals?

Answer. None.

9. Question. Have there been or are there any specific cases of alleged abuse or neglect of patients?

Answer. None.

10. Question. Are the recreational facilities adequate?

Answer. No.

11. Question. Is the canteen service satisfactory, and are the prices charged veterans reasonable? If not, please describe.

Answer. No. The present canteen does not have sufficient space to function properly.

12. Question. Are the medical equipment and clinical arrangements satisfactory?

Answer. Yes.

13. Question. Are the periods of hospitalization proper? Too long? Too brief?

Answer. Yes.

14. Question. Do patients feel they are required to remain in receiving wards too long before complete examinations and treatment are started?

Answer. In some instances the patients did say they were kept in receiving wards too long.

15. Question. How about cleanliness and neatness in the buildings and on the grounds?

Answer. Excellent.

16. Question. Is it felt that the discipline and morale of the patients are satisfactory?

Answer. Yes.

17. Question. Are the transportation facilities to and from the hospital adequate?

Answer. No.

18. Question. Is the contact service considered satisfactory and adequate by the American Legion?

Answer. Yes.

19. Question. How does the ratio of patients to full-time physicians and surgeons, nurses, and attendants in the veterans' hospital compare to that in State, county, and municipal institutions?

Answer. Very good.

20. Question. Are the patients too crowded? Is there sufficient floor space per patient?

Answer. Yes; and there is not sufficient floor space per patient.

21. Question. How do you find the discipline and morale of the hospital personnel? What are their complaints, if any?

Answer. The personnel as far as I can learn, had no complaints. The discipline and morale was very good.

22. Question. What is your recommendation as to type and number of additional beds that may be required for the new load?

Answer. It is the opinion of all whom I have talked to lately that we will eventually need 1,250 general medical and surgical beds.

23. Question. What percentage of the patients are leaving the hospital against medical advice? Why?

Answer. About 1½ percent. As far as we could learn the patients were leaving because of the overcrowded conditions.

24. Question. What percentage of patients without dependents leave the hospitals against medical advice due to the reduction in pension while being hospitalized?

Answer. About 5 percent.

25. Question. Could better personal care be furnished with staff-aide program of Waacs trained in hospital routine, thus relieving nurses for more important duties?

Answer. No.

26. Question. Are there any complaints on the part of the patients regarding the lack of information given them as to their physical condition and advice as to future treatment upon being discharged from the hospital?

Answer. No.

27. Question. What general or specific recommendations would you offer as to the medical treatment and hospital care of veterans in Veterans' Administration facilities?

Answer. We would recommend more doctors on the staff and as soon as possible civilian attendants with increased pay for all personnel.

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#### QUESTIONS TO BE ANSWERED AS TO EACH VETERANS' HOSPITAL

(Kindly respond in same numerical order, and airmail the report to National Commander Scheiberling, Washington 6, D. C.)

Name of hospital: Perry Point Hospital.

Address: Perryville, Md. (Neuropsychiatric, 1,822 beds).

1. Question. Are there any general or specific complaints on the medical treatment and hospital care received by the patients? If so, please describe briefly.

Answer. None.

2. Question. Has remedial action been taken by the Veterans' Administration in these cases or others which may have been previously reported?

Answer. ———.

3. Question. What is your opinion of the relative standards of treatment in the veterans' hospitals as compared to the State, county, and municipal institutions on the same area?

Answer. Very good.

4. Question. Do the manager, chief medical officer, and/or clinical director feel they have sufficient authority to run the hospital as efficiently as they might desire?

Answer. As far as we understand, yes.

5. Question. Do they feel that there are undue restrictions and regulations under which they must function? If so, kindly specify in what way.

Answer. No.

6. Question. Do they feel they have sufficient authority and latitude to employ competent doctors, nurses, and attendants?

Answer. Yes.

7. Question. Do they have encouragement and support in research, in participating in clinical meetings, symposiums, medical lecture courses, etc.?

Answer. No: due to the fact that there are not sufficient doctors on the staff.

8. Question. What definite complaints, if any, are there as to the quality, quantity, variety, and preparation of food in the veterans' hospitals?

Answer. None.

9. Question. Have there been or are there any specific cases of alleged abuse or neglect of patients?

Answer. None.

10. Question. Are the recreational facilities adequate?

Answer. No. This facility is very much in need of a new recreational hall.

11. Question. Is the canteen service satisfactory, and are the prices charged veterans reasonable? If not, please describe.

Answer. Yes.

12. Question. Are the medical equipment and clinical arrangements satisfactory?

Answer. Yes.

13. Question. Are the periods of hospitalization proper? Too long? Too brief?

Answer. Yes.

14. Question. Do patients feel they are required to remain in receiving wards too long before complete examinations and treatment are started?

Answer. No.

15. Question. How about cleanliness and neatness in the buildings and on the grounds?

Answer. Excellent.

16. Question. Is it felt that the discipline and morale of the patients are satisfactory?

Answer. Yes.

17. Question. Are the transportation facilities to and from the hospital adequate?

Answer. Yes.

18. Question. Is the contact service considered satisfactory and adequate by the American Legion?

Answer. Yes.

19. Question. How does the ratio of patients to full-time physicians and surgeons, nurses, and attendants in the veterans' hospital compare to that in State, county, and municipal institutions?

Answer. Very good.

20. Question. Are the patients too crowded? Is there sufficient floor space per patient?

Answer. To the first question, yes. To the second question, yes.

21. Question. How do you find the discipline and morale of the hospital personnel? What are their complaints if any? Answer. No complaints. The discipline and morale of the hospital personnel is very good.

22. Question. What is your recommendation as to type and number of additional beds that may be required for the new load?

Answer. No recommendation.

23. Question. What percentage of the patients are leaving the hospital against medical advice? Why?

Answer. None leaving unauthorized.

24. Question. What percentage of patients without dependents leave the hospitals against medical advice due to the reduction in pension while being hospitalized?

Answer. None.

25. Question. Could better personal care be furnished with staff aide program of Wacs trained in hospital routine, thus relieving nurses for more important duties?

Answer. No.

26. Question. Are there any complaints on the part of the patients regarding the lack of information given them as to their physical condition and advice as to future treatment upon being discharged from the hospital?

Answer. No.

27. Question. What general or specific recommendations would you offer as to the medical treatment and hospital care of veterans in Veterans' Administration facilities?

Answer. Five more doctors of neuropsychiatric experience needed.



NATIONAL COMMANDER, DISABLED AMERICAN VETERANS,

*Washington, D. C.*

MY DEAR COMMANDER: As you know, I have always praised the care given me by the veterans' hospitals, and I have made many since my discharge from the service at the Walter Reed General Hospital November 7, 1921. I was operated on four times at the Dayton Soldiers' Home—the last time in emergency on Thanksgiving Day 1922; it was not expected to see me alive very long but thanks to the service and the nurses I kept going; operated at the Walter Reed in 1927 again and the Danville Soldiers Home during the summer of 1927–28; the last and worst operation at the Mount Alto Hospital in 1932; my wife was then advised that there was little hope. With will power and prayers and a will to live I managed to keep going; since 1933 I have had at least 70 entries at the Mount Alto where I used to be admitted on Friday at noon, taken to the operating room at 2, bled either 600 or 700 cubic centimeters of blood, and going home on Saturday morning. So you may judge my knowledge of hospitals is founded on experiences; the doctors will tell you that I have never complained but always referred to Mount Alto and such places as a heaven for men who, like me, were wounded in combat. However my experience with a mental hospital was something new to me and last winter when Dr. Bacon, the medical director of the Mount Alto, who is very intimate with my case, suggested that I go there to see if I could live without opiate (morphine sulfate) that was started at the Mount Alto in 1933, I accepted since I felt that I could lose nothing and maybe gain a great deal; it was then arranged that I enter Mount Alto during April and then go to Perry Point 2 or 3 weeks later.

I entered the Mount Alto April 18, 1945, and remained there until April 28, the date of my transfer to the place. I have been taking morphine for both my stomach and spleen condition; I have had no less than 16 operations due to wounds received in Allied service, and aggravated in line of duty with the American Air Force in 1921; operated also in the right foot and both arms for minor operations. The Bureau of Narcotics have investigated my case and have approved the narcotics. I felt however that I could not keep going on forever thus I accepted Dr. Bacon's suggestion who was supposed to have given a complete story of my case so that proper attention be given. My experiences at Perry Point which are not of the best are hereby recorded with suggestions which are given with the idea of doing a real reorganization for the good of the veterans for whom we spend so much and where there is a great deal of waste, careless handling, and where a great deal more of humanity could be appreciated.

I arrived at Perry Point April 28 at 6 p. m.; no supper. When I left Mount Alto I was getting  $2\frac{1}{2}$  grains of morphine per day. The officer of the day asked me why I came there; I told him frankly that at the suggestion of Dr. Bacon I was there to see if I could stop the usage of opiate—at least to take less. His first words were, "so afraid to lose your job you have to quit." I told him that I came of my own free will and that if I was to be insulted I could go home where doctors who knew my case could take care of me. The last opiate I received was on leaving the hospital; I received nothing until 9 p. m. that night and then it was liquid that nearly made me sick; during the night I was given another dose; the next morning being Sunday I had to wait until the ward doctor came; he gave me one-quarter grain supposed to last me until 9 p. m. that night. By morning I was beginning to pass blood by the mouth and intestines and being sore at the treatment, not knowing that letters were censored, I wrote to my wife and Admiral Hart that the treatment was inhuman; that morning the ward doctor asked me what I meant by that letter; I answered that I felt exactly the way I had written. I had entered the hospital because I needed help but that I had never taken narcotics except under doctors' prescriptions and that it was my understanding that if the opiate was not slowly reduced that a substitute would be given. He then made me an offer to reduce the opiate at a certain rate and that if it was done in that manner, would I cooperate? This I promised and the Monday I was given one-quarter grain every 4 hours. I woke during the night around 3, began to vomit at 5 and never stopped; at 9 the doctor advised me that he had been transferred to another ward and that it was up to the new doctor to prescribe.

The new ward doctor was giving shock treatment; he never stopped until 11 a. m., then had to be busy; he had no time to look his new ward over. Without relief of any kind the vomiting increased more and more with blood passing freely; unable to retain food or liquid, my situation became worse during the night, when I had but 1 hour of sleep. By Wednesday afternoon the situation

became worse due to the spleen being extra large and affecting the breathing. A special blood test was ordered, and at night the same liquid I was given on my arrival was administered but once, at 9 p. m. By 3 a. m. I became very bad, losing control of both kidneys and intestines. I had to be changed four times during the night. On his arrival, before administering shock treatment, I was ordered transferred to the ward upstairs, 15 B. I was given a tablet of sodium amytol at once and in the afternoon the doctor decided that some blood had to be taken. He was able to take 20 cubic centimeters out. The blood was supposed to be hemoglobin 128, red count 8,000,000 plus. On Thursday, my situation getting no better and the fever increasing, it was decided to take some more blood with a bigger needle, but the scar tissue being so thick, for 2 hours without a bit of relief they jabbed and jabbed in six different places; never got inside of the veins. On my entry, my weight, I registered 153; Thursday evening I had fallen to 128. The next day fluids such as ginger ale and orange juice with sugar in it was administered every other hour alternatively. On Saturday afternoon it was decided to start hot baths. I was tied in a bath of hot running water for 1 hour; Monday, 1½ hours; Tuesday, 2 hours; Wednesday, the hot box for 4 minutes, then under a warm shower for 10 minutes—the last having a cold spray, running up and down the spine; this until Saturday.

Having improved but not able to eat due to the food the nurse let me have every 4 hours an egg-nog. I was able to get out of bed, with very little fever. On May 10 I asked the doctor to let me go home. This was promised for the 12th. It was found, however, that they had too much work, asking me to wait until Monday. Monday the 14th was my youngest child's birthday. I explained to the doctor that I had always been home whenever possible for any of the family's birthday. The same answer came that the board had to look over the new entries, first but I could go if I wanted, against medical advice; that I could wait until I could be presented to the board. With my past experience and promises I decided to take my chance and wish a happy birthday to Jimmy, born May 14, 1936, in Alexandria, which I did.

1. The doctors have too much paper work and red tape to take proper care of the patients assigned to their jurisdiction. For instance, I was visited on the regular visit four times during my stay.

2. Since Perry Point is a mental hospital, doctors feel that the patients are biological subjects who do not know what ails them, so they are the sole judge of what they are to do. For instance, I was asked the following question by one doctor, "Tell me in your own words what troubles you." I started to answer the spleen is enlarged, and the blood being high, my legs are bloated and swell a great deal. He jumped and said to me, "You don't know what you are talking about; the spleen, like the liver, never hurts." What can you answer to that since at Mount Alto doctors always took down my spleen and nerve reactions? Since this was something new, every doctor and nurse that cared to feel my spleen was privileged to do so. If that was a matter of learning, fine; but the patient sometimes needs a great deal more of rest than exhibition. What about the men who hurt and cannot explain? They are in a very poor fix.

3. The white orderlies, three to a ward, have too long working hours. They come on at 6:30 a. m. and leave at 6:30 p. m.; at night, 12-hour shift, 6 days a week, 72 hours; the chief orderly to a ward receives around \$2,400 a year, but the junior enters at \$1,380 per year—a small salary for the long hours and the hard work, around men who at times are trying. The junior attendant in ward 15-B had 2 years' training and 11 years' experience. With a wife and two children it is mighty hard to make both ends meet and very discouraging.

4. Negro attendants (soldiers): As far as race is concerned, a Negro is a human being who has just as much right to live as the next man, still I do not believe it is a good policy to have Negroes supervising white men. Their work is divided as follows: Two stay in the dayroom where the patients who are up are supposed to stay, and the entrance to that room is under lock and key all the time. If you have to go out and the Negro feels that he is the boss, you wait his pleasure. Since you are not sick you have to stay up, the only place is the dayroom; whether you want to rest or not you cannot leave that room without the attendant's assent and sometimes they take the advantage of that. In general they are very good, and as a whole know their places fairly well.

Since there is too much work for the white attendants and only two colored boys can work or accompany one of the patients to whatever place he has to go, the cleaning of the halls and the rooms has to be done by someone, and patients who have nothing to do but sit and wait jump at the idea of work since it makes



the time pass by. Patients who are rather aged, feeble-minded, and in many cases have lost control of themselves have to be handled, so the job falls on some patient. I have in mind a diabetic case supposedly out of his mind but I am sure that no sanity commission would agree to that, takes care of a great deal of the work; in fact he does most of the work. Let's enumerate: He rises at 5 a. m. and helps the night attendants to get up those of the patients who cannot take care of themselves. Since they have to be changed and their beds made over, clean and aired, this boy takes care of four or five of them every morning; he then sorts the messy laundry and takes it downstairs which keeps him occupied until around 6:15; he then goes to the kitchen to set the tables for morning breakfast; he does so at every meal, and when the patients leave the room he then mops the floor and helps clean the dishes; at 8 p. m. he takes care of the same patients he took care of in the morning. His only trouble is that he is a diabetic; he would like to go out and go to work but he is such a good worker that he is needed; he is supposed to jump the fence every time he gets a parole; a man who has been confined 3 or 4 years in a place like that will do anything to get away and if that man is crazy, my Lord, how many are in his shoes?

5. Let us touch the subject that need most attention, and that is food: I would like to know what name can be given to the conglomeration of junk that is served under the name of "food"; you can tell that the material is good but it is prepared with such carelessness that it becomes anything except tasty. I served 3 years of the worst part of World War I in the trenches and I know what that means; many a time the soldiers sent after the squad or section mess were killed and that meant nothing until later, sometimes nothing at all, and I have made many a patrol to get the food from soldiers killed between the lines in order to say we had something to eat; but at no time have I been against the proposition of the food such as is served at Perry Point. Nurses, attendants, soldiers, even doctors, complain against the food; the excuse is given that it is hard to cook for 1,700 patients and the personnel; besides I spent more than 5 years in the American Army and I spent the whole of World War I at the front and I can say truthfully that it is the first time that my stomach absolutely refused to accept. The regular staff augmented by a group of patients, it seems that it could be better prepared and have taste and look like food; for instance oatmeal at breakfast looks, and without sugar, tastes just like glue and I mean exactly that: now oatmeal even without sugar can taste fairly well; they serve puddings; sometimes it is exactly the same as oatmeal, not properly mixed; there are big lumps and it is so watery that the average person feels that flour and water has been added; most of the time it is left in the plate the patients not touching a bit of it. The Saturday before I left rice and hash mixed was served as the main course of the evening: the smell alone could tell you that it had been burnt. The trend here is the same all over; men who have lost their minds can tell nothing about food, so what is the use? Anything will do. This policy should be remedied; if such is the attitude, why not replace the kitchen staff by patients? This would cost nothing and the food could be no worse for wear.

6. I believe that a good policy is to place youngsters of this war with youngsters and not with alcoholics and feeble-minded; some of these boys are not very bad off and if they were placed in a barrack by themselves with a spot outside, fenced in if necessary, so they could play croquet, handball, volley ball, or even baseball, this would help them a great deal and they would improve at once; instead, these men are placed with all sorts of men—feeble-minded, alcoholics, men like my case who, for the last 10 years have been using opiates. I don't believe it is good for them and new environment would help a great deal. The excuse is, we haven't enough place. The place could be rearranged to have these youngsters by themselves; it would help their morale, their point of view, and many other things; instead, they are closeted in a room where they are told to stay, not even go lay on their bunk but stay in the dayroom where they see all the weaknesses of life all the day long without change; if this is bad for men, what is the reaction on youngsters in their twenties? Next to food, this should be taken care of at once.

7. Sometimes by asking questions and looking around you find more than you were after; that is the case with this very hospital where a great many have no more business to be there than the President. For instance in ward 15-A-3 patients were very proud of the fact that when they were brought before the judge who was ready to give them 90 days for habitual drunkenness they stated: "Judge, we just went haywire; we are old veterans we don't belong in jail; send us to Perry Point." They still laugh and joke at being there; since they



have a parole card they are able to roam around the grounds. Some don't even come back for meals; they eat at the PX where the food is better; not so much, but at least you can eat it. I believe that when a man gets in such a shape that he is really sick from drinking that man needs attention; but when a man gets drunk just to come to Perry Point so that the world has no problems, that is going a little too far.

What about that diabetic case I mentioned before as a good worker. If this case was well investigated and taken under proper consideration, just because a man has been sick with diabetes is no reason to close him up and let him do the work that people are paid for to do; he is careless—that of course can be remedied. For instance when he is through with the dirty soiled clothes he could wash before getting to work in the kitchen; the mistake there is supervision. Since the white attendants have to dish out the trays, assign patients to rooms, count the laundry, get the medicine, take the reports where they are supposed to go, make the transfer of patients from one ward to another, they have little time to see that everything is in proper shape; but persons who can see these things certainly can see the difference between a hospital for the sick as the Mount Alto where everything is nearly perfect, and a mental hospital where the main motto seems to be "What do you care? The patients do not know the score, so why worry?"

After having made this observation I would like to make the following suggestions for the good of the order.

1. If doctors have too much paper work, some of it should be taken away from them so that they could attend to their patients more carefully, adding a little milk of human kindness and not treat their patients as if they were the scum of the earth, and that they were spending too much time analyzing the different cases.

2. The white attendants as well as the Negro attendants should have the same hours; three shifts of 8 hours is enough; and in a place where the work is much harder since most of the patients are weak-minded they need more attention and take a great deal more of energy than in a place where the patients are just sick. Since they are so much overworked it would be fair to make a basic salary of not less than \$1,620 per year, and even at that price they deserve every cent of it.

3. Negro attendants should be kept with Negro patients and they have many Negro patients there. These attendants should be replaced by white boys; this would help the morale of some of these boys a great deal.

4. A complete reorganization of the kitchen staff including dietitians so that food could be presented a little more appetizing and more tasty. When a man is sick, his stomach requires attention and certainly that kitchen could not even compete with the workhouse in Maryland and the workhouse in Occoquan—the District prison; I have visited both and the food is such that no comparison be made, even the bread is of better quality and they do not have the flour that is used by the Veterans' Bureau. If we are to spend money, it should be done intelligently even if the place is a mental hospital; there is no reason for the abuses committed under the guise of food with the statement: "Insanes don't know what they eat." What about those who are sane?

5. Division of patients according to mental status and age, so those who are lightly deranged can be placed together and have some outside exercise; I am sure a great many would benefit by it. Those who are more deranged and need constant attention should be segregated, but not with men who have become actual morons; this mix-up injures the youngster very much.

6. Men who have no business to be admitted but just take the place as a rest cure should be removed and open a place for so many who are waiting to be taken care of.

In conclusion may I say that the place is so situated as to benefit those mentally afflicted; the nursing staff as a whole is grand; some improvement could be made but none of us are perfect. What I have stated is made with a view that corrections can be made to overcome the weak points of the Administration. This is from experience and one that I shall never forget. God grant that I may die before being entered in such a place; you can imagine the situation of a person committed who has nothing to say; no wonder some of them grow worse.

I hope that the veterans of the future will benefit by the tragic experience I had at Perry Point.

Yours in comradeship,

JOHN A. MAIGRET.

JUNE 13, 1945.

Mr. MILTON D. COHN,

*Disabled American Veterans, National Service Department,  
Washington, D. C.*

DEAR NATIONAL COMMANDER: The first report of our hospital investigating committee appointed pursuant to your letter of March 21, 1945, was sent you in triplicate May 16. That report furnished most of the information requested. As explained in the report, owing to the fact that there were three investigations in Massachusetts by three veterans organizations we did not there cover the various questions relating to patients' complaints and certain questions relating to opinions of the investigators.

I now enclose in triplicate supplementary reports for each of the four facilities covering these points. We have not tried to answer each of the specific questions, but have covered them in a more general type of report, which we trust you will find satisfactory.

#### RECOMMENDATION AS TO SEPARATION IN THE HOSPITALS OF VETERANS OF WORLD WAR I AND WORLD WAR II

There is one recommendation of a general nature which our committee would respectfully make at this time. That is that the Veterans' Administration should adopt so far as possible the policy of segregating in the hospitals the older veterans of World War I and the younger veterans of World War II. The feeling of your committee that this is desirable has been growing as we have been recently making hospital visits. Our last visit was at Rutland, and we there discussed this subject with the manager and have referred to that on page 4 of our report on Rutland, which please see.

For reasons there stated it might not be desirable to have separate hospitals set aside for these two groups of patients, but we do feel most sincerely that such separation within the hospital should be administration policy. We regard this as important enough so that the hospitals should, if necessary, be authorized to undergo expense in order to bring about such separation so far as the same might be reasonably necessary. In other words, it should not just be a routine effort but a definite policy to be departed from only in unusual conditions.

We feel that it is definitely bad for the morale of the younger returning veterans to be thrown in with older men who may be chronic cases and whose condition might well have a most depressing effect on the new patients. We have, of course, the greatest sympathy and respect for our own comrades of World War I, yet we cannot overlook the fact that in the eyes of younger men some of the older veterans in our hospitals offer a pretty depressing appearance.

Respectfully submitted for the hospital investigating committee.

Yours in comradeship,

LAURENCE CURTIS,  
*Department Commander.*

#### REPORT ON RUTLAND HOSPITAL VISIT, JUNE 11, 1945

Visit made by Curtis, Gray, and Snell, Comrade George Cavanaugh, of Greater Boston Chapter No. 44, is now a patient at Rutland and accompanied us on the conferences and visit.

We conferred at length with Dr. J. N. Wilson, the manager, also with Dr. Gaines, the clinical director, and made an extensive tour of the wards, talking to many of the patients, and had lunch with Dr. Wilson in the staff dining room.

#### PATIENTS' COMPLAINTS

We are happy to report that we found the morale of the patients much improved since the time of our last formal visit in July 1944. Since then there has been a change both in the manager and clinical director. A year ago there were many complaints about strictness in the granting of passes to patients for week-end or other visits away from the hospital; and there were complaints about strictness in permitting patients to attend entertainments at the recreation hall. These questions now appear to have been satisfactorily adjusted; and patients' requests appear now to be handled with greater tact and in a manner satisfactory to patients. The problem of attending entertainments in the recreation hall by patients who are restless but whose condition requires rest has been partially met by having 16 millimeter films shown right in the wards—sometimes in the

main corridor immediately adjacent to the ward. It may be that the DAV can take some credit for this, because our report following our visit of last July urged that greater attention be given to ward entertainments, and a copy of this report was sent to the then manager; and he stated at our convention that he agreed with our recommendations.

The answers of patients regarding questions as to food were on the whole unusually favorable. The visiting committee was served the same meal as that served to patients and found it good.

Last July there were also complaints about medical treatment. Since then the manager has employed a new civilian doctor consultant on TB surgery, who visits the hospital once a week and performs the more difficult operations. He works from the office and under the supervision of Dr. Richard Overholt, well-known Boston specialist, and Dr. Overholt himself performs some of the most serious operations, such as lung removal. Also arrangement has been made to have this type of operation performed at a private hospital in Boston, as the consultant felt that extremely careful aftercare under his supervision was necessary. Your committee felt that these arrangement have resulted in a great improvement in the standard of care and also in a corresponding lack of complaints on the parts of patients.

There were no serious complaints about lack of information being given patients about their physical condition; and it was evident that there had been an improvement in this respect since the previous year's visit.

#### OPINIONS OF OUR COMMITTEE IN REGARD TO THE HOSPITAL

The committee found that the premises were neat and clean; that the discipline and morale of the patients were much improved and now satisfactory; contact service satisfactory. Discipline and morale of hospital personnel appeared satisfactory; although there is undoubtedly some problem in regard to the present use of Army troops as ward attendants. There appeared to be no neglect or abuse of patients; and it was apparent that proper remedial action had been taken following patients' prior complaints. Standards of treatment appeared improved over a year ago as a result of the new staff appointments and the new civilian consultant. It is hard for laymen to judge, but the standards of treatment are apparently at least as good as those in State and county institutions.

#### GENERAL REMARKS

This hospital could use some good short 16 millimeter films for ward entertainments. Some of these patients are not well enough to see long films, and there is some difficulty in securing satisfactory films.

Your committee has felt with regard to both this and other veterans' hospitals that it must frequently be discouraging for World War II men to be thrown in with older men who have in some cases become chronic cases. Dr. Wilson tries to bring about segregation as far as possible; but as certain wards are set apart for certain types of cases this policy cannot be completely followed. Also when the hospital is crowded it is sometimes necessary to put in new patients where beds are available irrespective of their age. On the other hand, Dr. Wilson would not favor having separate hospitals for the two age groups. Much more can be done medically for the younger men, and their presence is a stimulus to the doctors and makes the hospital a much better rounded institution. It seems desirable for the Veterans' Bureau to do everything possible to segregate the different age groups within a given hospital.

As to the competency and adequacy of the doctors, the same general situation prevails as in other veterans' hospitals. The doctors are assigned from Washington, and it occasionally happens that doctors are assigned who are not particularly interested in TB work.

Some of the personnel vacancies are troublesome. The authorized doctors complement of 16 is filled. The nurses' authorized complement is 50. There are now 38 nurses and 4 nursing assistants. As to civilian ward attendants, there are only 30 out of an authorized 65, the lack being taken care of by the assigned Army personnel. At present there are but 4 cooks, while the authorized complement is 7.

Trained civilian ward attendants could undoubtedly do better than the assigned Army troops; and the shortage of attendant nurses and cooks appears a real handicap.



There was no overcrowding. The authorized bed capacity is 497. There is no authorized emergency overcapacity. At the time of this committee's report of May 16 the number of patients was 489; now there are 442. Of these 245 were World War II; all but 20 of whom were service-connected. There were 178 World War I patients, of whom 21 were service-connected. A 200-bed addition has been authorized, but construction has not yet started. This committee is not able to judge whether this addition is adequate to take care of the future load.

LAURENCE CURTIS,  
HAROLD V. SNELL,  
ARTHUR G. GRAY.

#### REPORT ON NORTHAMPTON VETERANS' HOSPITAL VISIT, JUNE 6, 1945

Visit made by Curtis, Gray, and Snell. Costello, of Northampton, former department commander, DAV, joined us at the hospital and accompanied us on the conferences and visit.

We had a long conference with Col. William M. Dobson, the manager, and made an extensive visit to the premises. We went through many wards, including the acute ward, the hospital, operating rooms, physiotherapy rooms, including the shock treatment room, the occupational therapy building, the laundry (where they handle the work for Newington and where patients do some of the work), the main kitchen and dining hall, and other smaller dining halls. We had lunch in the staff dining room with Colonel Dobson.

#### PATIENTS COMPLAINTS

There is real difficulty in appraising complaints made by patients at a mental hospital, and we had to judge more by what we could see, although we did talk to many patients. There were no complaints of maltreatment or anything of that sort. Some said that they believed that they were in a condition to leave, but it seemed clear that the staff was only too ready to have patients leave just as soon as they felt they were well enough to go. There were no complaints which seemed serious.

#### GENERAL FINDINGS

There is some overcrowding. The normal capacity was formerly 774 beds, giving a liberal amount of space per patient. They have an approved emergency capacity of 232 more, or 1,006. On June 6 there was just under 1,000 patients at the hospital. This emergency capacity results in overcrowding in some of the wards with patients only about one foot apart. It is felt most in the acute and infirmary wards. The inflow to the hospital is handled from Washington, and is being so handled that they do not go much above their present figure.

New construction for some 200 beds was supposed to have been completed last March, but it has been delayed and is still far from completed.

They conduct from 12 to 15 veterans' examinations a week in their outpatient department, and are getting behind on this work.

They have 190 soldier attendants in addition to 71 civilian attendants. The soldier attendants have been essential and have made it possible to do more for the patients.

The standard nurse allowance is 27, and the quota is filled. They also have 16 cadet nurses.

Transportation for visitors is not too convenient. They handle patients by their own automobile transportation. The hospital is 2 or 3 miles from town and up a hill from the main road. There was formerly public transportation by busses up into the grounds. Now there are only two per day, which, however, take in visiting hours. Public busses run past the gate every hour.

Groups of patients were about as follows:

World War I.....	657
World War II.....	234
Peacetime.....	67
Spanish War.....	29

Old prison type windows on the east wing of building I are right at the main entrance to the hospital and give a wrong impression to patients coming in at that entrance—so much so that the plan has been used of bringing them in by another entrance. There are not many of these windows, and they should be changed to a more modern type.

## OPINIONS OF OUR COMMITTEE IN REGARD TO THE HOSPITAL

The premises appeared neat and clean. There are a few old worn-out floors, which are being replaced as quickly as possible. No neglect or abuse of patients was found. Discipline and morale of patients and staff appeared normal. Contact service adequate.

## STANDARDS OF MEDICAL TREATMENT

It is difficult for a committee of laymen to pass on this, but the committee felt distinctly that they need more doctors, even bearing in mind that a mental institution is very different from a general hospital. They have 9 regular doctors including the manager and clinical director. That is 7 ward doctors for 1,000 patients. Several of the staff doctors seemed youthful. They employ consultants, mostly from Northampton, for special services, such as eye, ear, nose, and throat, and also for surgical operations. They do not now employ any consultant specialists on NP disease or treatment. The doctor situation appeared to be part of the over-all situation affecting veterans hospitals.

LAURENCE CURTIS.  
ARTHUR G. GRAY.  
HAROLD V. SNELL.

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BOSTON, MASS., *June 4, 1945.*

## REPORT ON WEST ROXBURY HOSPITAL VISIT, JUNE 4, 1945

Visit made by Curtis, Gray, and Snell. Coughlin and Welsh sat in at our long conference with Clinical Director Colonel Baxley. Manager William J. Blake was at the Boston office, but I spoke to him on the phone.

We also visited the wards, dining room and kitchen, talked to patients and had the regular lunch in the staff dining room with Colonel Baxley.

## PATIENTS' COMPLAINTS

Most of the testimony was favorable. There were a few complaints but not of great seriousness.

## OPINIONS OF OUR COMMITTEE IN REGARD TO THE HOSPITAL

We inquired particularly into standards of treatment and the physician personnel. It seemed to us that the manager and clinical director were doing their best with what was available. It was apparent that they could use more doctors and better qualified and more experienced doctors; but this seems part of the over-all situation affecting veterans' hospitals.

We visited the busy out-patient department. Colonel Dalton, in charge, mentioned that he could use more doctors. We discussed with him complaint made to our adjutant by Edward J. Dean, of 37 Rosewood Street, Mattapan 26, Mass., (C 461-395). He had difficulty with his back, service-connected. There was delay in admission, and his doctor put him in the city hospital. That hospital furnished him a brace, and he requests that the veterans' hospital pay for it. Colonel Dalton explained that that could not be done; that the veterans' hospital would have been able to furnish it in the first place but could not assume responsibility for it now that another hospital has furnished it.

They had been assigned a quota of nurses, attendants, and physicians, and the quota was filled. The nurse quota was on a basis capacity of 320. That capacity has now been increased to an average of about 370, and they expect to have nurse quota increased by 9, from 45 to 54. One hundred sixty Negro troops have been assigned for attendant work. Each was estimated to give about two-thirds the service of a regular civilian employee, but the troops are of great value.

The premises appeared clean and neat. Of course, this hospital is of new construction. Discipline and morale of patients appeared satisfactory. Contact service satisfactory. Discipline and morale of hospital personnel appeared satisfactory.

LAURENCE CURTIS,  
ARTHUR G. GRAY,  
HAROLD V. SNELL.

## REPORT ON BEDFORD HOSPITAL VISIT, MARCH 21, 1945

Visit made by Curtis and Waite. This was before the appointment of the special hospital investigating committee which was appointed pursuant to the national commander's letter of March 21, 1945. The visit was made by the commanders and adjutants of the four major veterans' organizations (American Legion, Veterans of Foreign Wars, Disabled American Veterans, and United Spanish War Veterans). Dr. Winthrop Adams, manager of the hospital, had suggested that this group visit the hospital at the same time. As a careful and complete visit was made at the time, the information requested in the national commander's letter of March 21 can be furnished on the basis of this visit. Most of the information requested in the national commander's letter has already been submitted, and this is a further supplementary report on this hospital to cover the remaining points not covered in the previous report—principally questions relating to complaints of patients and to opinions of the visiting committee about the hospital.

The visiting committee had a long conference with the manager and various members of his staff, had lunch at the hospital, and dividing up into groups made a very extensive visit and inspection of the institution.

## PATIENTS' COMPLAINTS

As remarked in the report on Northampton, there is difficulty in appraising complaints made by patients at a mental hospital. There were no complaints of maltreatment and no complaints which seemed serious.

## OPINIONS OF COMMITTEE IN REGARD TO THE HOSPITAL

The premises appeared unusually neat and clean, and the committee felt that the hospital was being well managed. Discipline and morale of patients and hospital staff appeared satisfactory. Contact service satisfactory. The contact officer there is A. C. McCarthy, an experienced DAV man.

*Overcrowding.*—There appeared to be overcrowding, particularly in the acute wards. Beds had been moved close together, and had been placed in the central corridors of the wards. In one or two wards there was hardly more floor space than was necessary to pass between the various beds.

The official normal capacity is 1,616. The emergency capacity is 1,881. It appeared to your committee that this capacity could not be reached without serious overcrowding. On March 21 the number of patients was 1,696. A report from this hospital of April 9 gave the number as 1,741.

As of March 21, the only projected new construction was 84 beds intended for female patients, which would therefore not relieve the overcrowded conditions. Construction had barely started.

The inflow is regulated from Washington, but it seems apparent that patients from the region which would normally be served by the hospital must sometimes have to be sent elsewhere, particularly to Togus, Maine, recently converted from general to neuropsychiatric.

Although the committee has not sufficient facts to make a complete finding, it did seem plain that this hospital was overcrowded and that insufficient provision had been made for the impending future load.

## STANDARDS OF MEDICAL CARE

It is hard for laymen to judge as to this, but the committee formed the impression that the doctor staff was perhaps more adequate than at Northampton. This subject is more fully dealt with in the main report previously submitted, and there was nothing at Bedford to alter the views there expressed. They could certainly use more doctors, and were indeed two short of their normal complement of 15.

## GENERAL REMARKS

The hospital as of March 21 was seriously short of civilian attendants.

Normal complement	280
Employed	118
Vacancies	162



Doubtless this condition has since been improved by the assignment of soldiers. The hospital was also short of kitchen employees.

Normal complement-----	73
Employed-----	46
Vacancies-----	27

It was also short of physical therapy aides, having three where it ought to have eight or nine.

LAURENCE CURTIS,  
*Department Commander.*

LEON CHASE WAITE,  
*Department Adjutant.*

VETERANS' ADMINISTRATION FACILITY, BEDFORD, MASS.  
(NEUROPSYCHIATRIC, 1,881 BEDS)

A survey was made of this institution April 11, 1945. The manager is Dr. Winthrop Adams and clinical director is Lt. Col. Walter P. Burrier.

Official capacity-----	1,616	Personnel—Continued	
Emergency capacity-----	1,881	Physiotherapy-----	3
Total number patients this date..	1,718	Occupational therapy-----	7
Personnel:		Number of enlisted men	
Doctors-----	14	assigned-----	152
Nurses-----	48	Dietitians-----	3
Attendants-----	116		

QUESTIONS AND ANSWERS

1. Question. Are there any general or specific complaints on the medical treatment and hospital care received by the patients? If so, please describe briefly.

Answer. No. Read 136 letters from relatives to patients, who were perfectly satisfied and had no complaints.

2. Question. Has remedial action been taken by the Veterans' Administration in these cases, or others, which may have been previously reported?

Answer. Yes, if any.

3. Question. What is your opinion of the relative standards of treatment in the veterans' hospital as compared to the State, county, and municipal institutions in the same area?

Answer. The standards of treatment here are much better than State hospitals.

4. Question. Does the manager, chief medical officer, and/or clinical director feel they have sufficient authority to run the hospital as efficiently as they might desire?

Answer. No. There are always some restrictions as to treatment—especially the shock therapy. Central office has too much to say as to the efficient running of this hospital.

5. Question. Do they feel that there are undue restrictions and regulations under which they must function? If so, kindly specify in what way.

Answer. Yes, especially as to shock treatments.

6. Question. Do they feel they have sufficient authority and latitude to employ competent doctors, nurses, and attendants?

Answer. Doctors, no. Nurses and attendants, yes.

7. Question. Do they have encouragement and support in research, in participating in clinical meetings, symposiums, medical lecture courses, etc.?

Answer. No special encouragement in research, as no time is allowed off and no expense money to attend these clinical meetings and lectures.

8. Question. What definite complaints, if any, are there as to the quality, quantity, variety, and preparation of food in the veterans' hospital?

Answer. None. The food here is very good in quality and quantity. Plenty of variety and prepared in well-equipped kitchens under fine sanitary conditions. The committee ate the food, and reports were favorable.

9. Question. Have there been, or are there, any specific cases of alleged abuse or neglect of patients?

Answer. None now. There were two cases of abuse by soldier attendants, who were disciplined. State laws are very rigid about abuse.

10. Question. Are the recreational facilities adequate?

Answer. No. The recreation hall is too small for the number of patients. Other facilities are passable.

11. Question. Is the canteen service satisfactory, and are the prices charged veterans reasonable? If not, please describe.

Answer. Yes, but the canteen operator should be given more priority to obtain more goods to sell, such as cigarettes, candy bars, etc.

12. Question. Are the medical equipment and clinical arrangements satisfactory?

Answer. Satisfactory equipment and clinical arrangements, but should have the dental work, such as sets of teeth, done in Massachusetts.

13. Question. Are the periods of hospitalization proper—too long? Too brief?

Answer. Hospitalization periods in such institutions are long—mostly for life. Average case 34 days if improvement takes place.

14. Question. Do patients feel they are required to remain in receiving wards too long before complete examinations and treatment are started?

Answer. Does not apply here.

15. Question. How about cleanliness and neatness in the buildings and on the grounds?

Answer. Very good.

16. Question. Is it felt that the discipline and morale of the patients are satisfactory?

Answer. Yes.

17. Question. Are the transportation facilities to and from the hospital adequate?

Answer. No; transportation very bad. Two busses daily. Ambulance obsolete.

18. Question. Is the contact service considered satisfactory and adequate by the American Legion?

Answer. Yes. There is a full-time contact man at hospital.

19. Question. How does the ratio of patients to full-time physicians and surgeons, nurses, and attendants in the veterans' hospital compare to that in State, county, and municipal institutions?

Answer. Much better in veterans' hospitals.

Ratio:

Doctors.....	1-135
Nurses.....	1- 40
Attendants.....	1- 8

State:

Doctors.....	1-350
Nurses.....	1-200
Attendants.....	1- 15

20. Question. Are the patients too crowded? Is there sufficient floor space per patient?

Answer. Patients in acute buildings 4 and 7 are too crowded. They are disturbed type and the close proximity starts altercations between them. More space is needed very badly.

21. Question. How do you find the discipline and morale of the hospital personnel? What are their complaints, if any?

Answer. Discipline and morale good, but their complaint is that they are underpaid.

22. Question. What is your recommendation as to type and number of additional beds that may be required for the new load?

Answer. That a 360-bed building for World War II patients, with proper hydrotherapy and all other necessary treatment, be authorized and erected immediately.

23. Question. What percentage of the patients are leaving the hospital against medical advice?

Answer. Ratio of 1 out of 8. Families decide to take them out because they feel the patient is improved.

24. Question. What percentage of patients without dependents leave the hospitals against medical advice due to the reduction in pension while being hospitalized?

Answer. Does not apply here.

25. Question. Could better personal care be furnished with staff aide program of WAC's trained in hospital routine, thus relieving nurses for more important duties?

Answer. Yes.

26. Question. Are there any complaints on the part of patients regarding the lack of information given them as to their physical condition and advice as to future treatment upon being discharged from the hospital?

Answer. No complaints. The information is given to the relatives.

27. Question. What general or specific recommendations would you offer as to the medical treatment and hospital care of veterans in Veterans' Administration facilities?

Answer. (1) That a 350-bed building for World War II patients with proper hydrotherapy and all other necessary treatments be authorized and erected.

(2) That a new auditorium and gymnasium be erected to take care of the present 1,718 patients to replace the present auditorium erected to take care of the 350 patients of 1928.

(3) That a research center be reestablished now for the study of mental diseases.

(4) That a 200-bed building be erected to take care of the TB and NP patients.

(5) That a pharmacist be assigned to the hospital.

(6) That an assistant X-ray technician be assigned.

(7) Assign four more occupational therapy aides.

(8) Assign WAC's to hospital to do some of the paper work.

(9) Assign eight more physiotherapy aides.

(10) That the manager and chief medical officer of the facility of this type be given greater jurisdiction in the selection of doctors assigned to these hospitals.

Rev. LAURENCE N. BLACKBURN,  
*Department Chaplain,*

ALBERT CAREY,  
*Chairman, Department Hospitalization Committee,*

Dr. ANTHONY J. WEST,  
*Chairman,*  
*Active Committee.*

THOMAS F. MACKEY, *Department Commander,*  
COLEMAN C. CURRAN, *Department Adjutant,*  
TIMOTHY J. BUCKLEY, *Department Service Officer,*  
JOHN BURKE, *National Field Secretary,*  
*Advisory Committee.*

VETERANS' ADMINISTRATION FACILITY, NORTHAMPTON, MASS., LEEDS  
NEUROPSYCHIATRIC HOSPITAL (1,006 BEDS)

A survey was made of the institution on April 15, 1945. The manager is Col. William Dobson who was away on the day of calling, so that all necessary information was obtained from clinical director, Lt. Col. R. T. O'Neil, Medical Corps.

Official capacity-----	774
Emergency capacity-----	1,006
Waiting list-----	58
Total number of patients on this date-----	1,001

*Personnel*

Doctors:	
Full time-----	7
Part time-----	3
Nurses-----	26
Filled-----	25
Vacant-----	1
Hospital attendants-----	125
Filled-----	74
Vacant-----	51
Dietitians-----	2
Mess attendants-----	25
Filled-----	22
Vacant-----	3
Total positions authorized-----	316
Vacancies-----	64

QUESTIONS AND ANSWERS

1. Question. Are there any general or specific complaints on the medical treatment and hospital care received by the patients? If so, please describe briefly.

Answer. No.

2. Question. Has remedial action been taken by the Veterans' Administration in these cases or others which may have been previously reported?



Answer. Yes, if any.

3. Question. What is your opinion of relative standards of treatment in the veterans' hospitals as compared to the State, county, and municipal institutions in the same area?

Answer. Much better in comparison.

4. Question. Does the manager, chief medical officer, and/or clinical director feel they have sufficient authority to run the hospital as efficiently as they might desire?

Answer. No.

5. Question. Do they feel that there are undue restrictions and regulations under which they must function? If so, kindly specify in what way.

Answer. Yes, especially as to treatment in the use of electric shock and insulin therapy, which is being used in State hospitals.

6. Question. Do they feel they have sufficient authority and latitude to employ competent doctors, nurses, and attendants.

Answer. Doctors? No. Nurses and attendants? Yes.

7. Question. Do they have encouragement and support in research, in participating in clinical meetings, symposiums, medical lecture courses, etc.?

Answer. Yes, but whatever is done in this line is done amongst the staff themselves. No time off and no expense allowed to attend outside clinical meetings and lectures.

8. Question. What definite complaints, if any, are there as to the quality, quantity, variety, and preparation of food in the veterans' hospitals?

Answer. None. The food here is fair as to quality, quantity, and varied in preparation. It is all prepared in well-equipped kitchens under fine sanitary conditions. The food in veterans' hospitals here is as good as in any State hospital and, in many instances, better.

9. Question. Have there been, or are there any specific cases of alleged abuse or neglect of patients?

Answer. Yes; one case of abuse by a soldier attendant.

10. Question. Are the recreational facilities adequate?

Answer. Yes.

11. Question. Is the canteen service satisfactory, and are the prices charged veterans reasonable? If not, please describe.

Answer. No canteen here. One should be installed.

12. Question. Are the medical equipment and clinical arrangements satisfactory?

Answer. Equipment: Operating rooms need modernization; X-ray, fair; dental, good. Need more chairs.

13. Question. Are the periods of hospitalization proper? Too long? Too brief?

Answer. Some of these patients are here for life. No time limit in NP cases.

14. Question. Do patients feel they are required to remain in receiving wards too long before complete examinations and treatment are started?

Answer. No. Does not apply here.

15. Question. How about cleanliness and neatness in the buildings and on the grounds?

Answer. Very good.

16. Question. Is it felt that the discipline and morale of the patients are satisfactory?

Answer. Yes.

17. Question. Are the transportation facilities to and from the hospital adequate?

Answer. Very poor. One bus daily.

18. Question. Is the contact service considered satisfactory and adequate by the American Legion?

Answer. Yes.

19. Question. How does the ratio of patients to full-time physicians and surgeons, nurses, and attendants, in the veterans' hospital compare to that in State, county, and municipal institutions?

19. Question. Ratio here is poor.

Answer. The doctors are overburdened. Doctors, 1:145; nurses, 1:40; attendants, 1:40.

20. Question. Are the patients too crowded? Is there sufficient floor space for patients?

Answer. Condition here is very bad for space. The entire institution is overcrowded. In building No. 4 it is so crowded that the patients have very little room to move about. Capacity is 130, and there are 182 patients. The beds

are so close that patients can strike each other while stretching their arms, and this is a bad situation in these acute cases. The same is true in the tuberculosis section.

21. Question. How do you find the discipline and morale of the hospital personnel? What are their complaints, if any?

Answer. Discipline and morale good, but complaint is they are underpaid.

22. Question. What is your recommendation as to type and number of additional beds that may be required for the new load?

Answer. Speed up and complete the wings which are under construction by Skolinich Construction Co., of New York, thus adding 200 beds to relieve some of the overcrowding at present, but additional buildings will have to be built very soon to take care of the new load.

23. Question. What percentage of the patients are leaving the hospital against medical advice? Why?

Answer. There were 135 patients a. m. a. for the year; 1 out of 7 taken out by relatives.

24. Question. What percentage of patients without dependents leave the hospitals against medical advice due to the reduction in pension while being hospitalized?

Answer. Pensions do not apply in NP hospitals so much.

25. Question. Could better personal care be furnished with staff-aide program of Waacs trained in hospital routine, thus relieving nurses for more important duties?

Answer. Colonel Dobson is not in favor of Waacs in this hospital, but we feel that they could be used to do the paper work.

26. Question. Are there any complaints on the part of the patients regarding the lack of information given them as to their physical condition and advice as to future treatment upon being discharged from the hospital?

Answer. No.

27. Question. What general or specific recommendations would you offer as to the medical treatment and hospital care of veterans in Veterans' Administration facilities?

Answer. (1) More beds to be authorized for the acute cases and TB patients.

(2) More physiotherapy assistance immediately.

(3) That occupational-therapy section be enlarged.

(4) That more NP doctors be assigned as soon as possible.

(5) That an effort be made to increase civilian attendants.

(6) That our Washington office consult central office on separate administration building and adequate reception space for relatives and friends of patients who are visitors.

(7) That our Washington office consult with the construction division in central office as to the contract now in progress on the two wings as to date of completion and cause of the slow progress.

(8) That a clerk-stenographer be assigned to the contact representatives.

(9) More beds for the acute cases immediately.

(10) Better office space for the clinical director so he could have some privacy in conversation with relatives of patients.

The committee thanks Lt. Col. R. T. O'Neil for the kind and cooperative spirit shown on their visit to the hospital.

THOMAS F. MACKEY,  
*Commander,*

COLEMAN C. CURRAN,  
*Adjutant,*

TIMOTHY J. BUCKLEY,  
*Department Service Officer,*

JOHN BURKE,  
*National Field Secretary,  
Advisory Committee.*

REV. LAURENCE N. BLACKBURN,  
*Department Chaplain,*

ALBERT CAREY,  
*Chairman,  
Department Hospitalization Committee,*

DR. ANTHONY J. WEST,  
*Chairman,  
Active Committee.*

APRIL 25, 1945.

VETERANS' ADMINISTRATION, RUTLAND HEIGHTS, MASS. (TUBERCULOSIS, 497 BEDS)

1. Question. Are there any general or specific complaints on the medical treatment and hospital care received by the patients? If so please describe briefly.

Answer. In January 1945, after Dr. H. J. McKenna, chief of the surgical service, was transferred from this facility, there were numerous complaints relative to surgery as there was a lapse of time between his departure and the date of the appointments of Drs. Overholt and Cotton. However, at the present time the consultants in thoracic surgery are operating at this hospital once a week and there are no complaints of this nature.

2. Question. Has remedial action been taken by the Veterans' Administration in these cases or others which may have been previously reported?

Answer. Yes; by the appointments of Drs. Overholt and Cotton.

3. Question. What is your opinion of the relative standards of treatment in the veterans' hospitals as compared to the State, county, and municipal institutions in the same area?

Answer. I believe that the standards of treatment in the Veterans' Administration hospital are on a par with the State, county, and municipal institutions in this area.

During the past 2 months I have visited all of the institutions in this locality that treat cases of pulmonary tuberculosis and we all seem to be in the same boat as far as the shortage of personnel is concerned. If you compare our results of treatment in the calendar year of 1944 with those of Worcester County Sanatorium and the Rutland State Sanatorium, I believe that you will see that they compare most favorably.

4. Question. Does the manager, chief medical officer, and/or clinical director feel they have sufficient authority to run the hospital as efficiently as they might desire?

Answer. It is believed the manager and clinical director have sufficient authority to run the hospital efficiently.

5. Question. Do they feel that there are undue restrictions and regulations under which they must function? If so, kindly specify in what way.

Answer. There is no doubt that there are considerable restrictions and regulations under which the hospital must function. However, as the benefits afforded ex-servicemen are done so according to the laws passed by the Congress, I do not know how these restrictions and regulations could be reduced.

6. Question. Do they feel they have sufficient authority and latitude to employ competent doctors, nurses, and attendants?

Answer. All doctors are appointed by the central office, in accordance with civil-service regulations, and assigned to this facility. The officials of the various Veterans' Administration facilities do not have any say as to any doctor assigned.

There is no doubt that it would be better, from the standpoint of the facility, for the doctor to be passed upon by the head of the facility prior to his assignment.

Due to the extreme shortage and the inability to recruit both nurses and attendants, it is difficult to comment upon this feature. Ordinarily attendants are recruited at the hospital and therefore the facility does not have control. In the cases of nurses, they are approved by the central office and the facility is not able to pick or choose the members of the nursing staff.

7. Question. Do they have encouragement and support in research, in participating in clinical meetings, symposiums, medical lecture courses, etc?

Answer. The various members of the staff are encouraged to attend clinical meetings, etc., within the immediate locality. It is my firm belief that the medical activities of the Veterans' Administration would be greatly improved, and the doctors kept up to date in their medical education, if periodical refresher courses were a requirement for everybody rather than a few selected individuals, and usually at the expressed desire of these individuals. This should include not only the members of the staff, but all those occupying key medical positions.

8. Question. What definite complaints, if any, are there as to the quality, quantity, variety, and preparation of food in the veterans' hospital?

Answer. Dr. Wilson on duty at this facility from 1925 to 1937 and he returned here as manager on January 1, 1945. Since his return here as manager on January 1, 1945, he has had a number of complaints in regard to food—quantity, quality, and service. He has gone over the dietetic service very carefully; watched the preparation and serving of food in the main dining room and each of the ward dining rooms. Corrective action has been taken insofar as is possible with our



present personnel. Our chief trouble is the great number of untrained personnel working in the dietetic department and our inability, also due to lack of trained personnel, to give them proper supervision. However, I do not believe that the complaints in reference to food at this facility are any greater today than they were at any time during his previous service here.

9. Question. Have there been or are there any specific cases of alleged abuse or neglect of patients?

Answer. None.

10. Question. Are the recreational facilities adequate?

Answer. Recreational facilities are adequate.

11. Question. Is the canteen service satisfactory, and are the prices charged veterans reasonable? If not, please describe.

Answer. Canteen service is satisfactory and charges are reasonable.

12. Question. Are the medical equipment and clinical arrangements satisfactory?

Answer. Medical equipment and clinical arrangements are satisfactory.

13. Question. Are the periods of hospitalization proper? Too long? Too short?

Answer. Periods of hospitalization are proper, provided patients remain to complete their hospitalization.

14. Question. Do patients feel that they are required to remain in receiving wards too long before complete examinations and treatment are started?

Answer. No.

15. Question. How about cleanliness and neatness in the buildings and on the grounds?

Answer. Good.

16. Question. Is it felt that the discipline and morale of the patients are satisfactory?

Answer. Yes.

17. Question. Are the transportation facilities to and from the hospital adequate.

Answer. Transportation facilities are adequate.

18. Question. Is the contact service considered satisfactory and adequate by the American Legion?

Answer. Yes.

19. Question. How does the ratio of patients to full-time physicians and surgeons, nurses, and attendants in the veterans' hospital compare to that in State, county, and municipal institutions?

Answer. The ratio of authorized full-time positions of physicians, nurses, and attendants to patients compares favorably with the State, county, and municipal institutions.

20. Question. Are the patients too crowded? Is there sufficient floor space for patient?

Answer. Patients are not crowded. There is sufficient floor space per patient. The standard bed capacity for this facility is 497 and the greatest number ever hospitalized here at one time was 507. This was a temporary condition and the number of patients today is 485. We do have a few extra beds in, but these are used to accommodate new admissions.

21. Question. How do you find the discipline and morale of the hospital personnel? What are their complaints, if any?

Answer. Discipline and morale good, but they claim they are underpaid.

22. Question. What is your recommendation as to type and number of additional beds that may be required for the new load?

Answer. Central office has approved the erection of a new building to house 150 patients. It is hoped construction on this building will begin shortly after July 1 of this year. It is believed that with these additional beds we will be able to accommodate tuberculous patients from this area.

23. Question. What percentage of patients are leaving the hospital against medical advice? Why?

Answer. Irregular discharges (against medical advice and a. w. o. l.) for the calendar year 1944 were approximately 435 of all discharges.

The following are some of the reasons for leaving:

- (a) Monetary benefits less in hospital.
- (b) Insufficient education and knowledge of their pulmonary tuberculosis.
- (c) Pressure from outside sources, relatives, etc.
- (d) Not prepared from prolonged hospitalization by Army medical personnel.
- (e) Refused to accept fact of illness because of general well-being and lack of discomfort and pain.

(f) Inability to adjust to hospital routine.

(g) Adverse hospital publicity.

24. Question. What percentage of patients without dependents leave the hospital against medical advice due to the reduction in pension while being hospitalized?

Answer. The percentage of patients leaving against medical advice and a. w. o. l. due to monetary reasons, is small.

25. Question. Could better personal care be furnished with staff aide program of Waacs trained in hospital routine, thus relieving nurses for more important duties?

Answer. Definitely yes; provided, of course, they are trained.

26. Question. Are there any complaints on the part of the patients regarding the lack of information given them as to their physical condition and advice as to future treatment upon being discharged from the hospital?

Answer. No.

THOMAS F. MACKEY,

*Commander,*

COLEMAN C. CURRAN,

*Adjutant,*

TIMOTHY J. BUCKLEY,

*Service Officer,*

JOHN BURKE,

*National Field Secretary,  
Advisory Committee.*

REV. LAURENCE N. BLACKBURN,

*Department Chaplain,*

ALBERT CAREY,

*Chairman, Department Hospitalization,*

DR. ANTHONY WEST,

*Chairman,  
Active Committee.*

#### WEST ROXBURY, MASS., FACILITY

(General medical and surgical, 386 beds)

A survey was made of the institution on April 4, 1945. The manager is William J. Blake, who was ill the day of the visit, so that necessary information was procured from the chief medical officer, Lt. Col. H. Bexley.

Official capacity.....	320
Emergency capacity.....	386
Waiting list.....	170
Total number of patients on this date.....	358
Beds available.....	28

#### Personnel

Doctors.....	26
Nurses.....	45
Attendants.....	53
Dietitians.....	3
Mess attendants.....	41
Filled.....	39
Vacancies.....	2
Number of enlisted men assigned.....	166

#### QUESTIONS AND ANSWERS

1. Question. Are there any general or specific complaints on medical treatment and hospital care received by the patients? If so, please describe briefly.

Answer. Spoke to a number of patients, but none had any complaints as to medical treatment and hospital care.

2. Question. Has remedial action been taken by the Veterans' Administration in these cases, or others, which may have been previously reported?

Answer. All remedial action has been taken by the Veterans' Administration in every case of complaint.

3. Question. What is your opinion of the relative standards of treatment in the veterans' hospitals as compared to the State, county, and municipal institutions in the same area?

Answer. The standards of treatment in veterans' hospitals as compared to the State, are just as good, and better in many cases.

4. Question. Does the manager, chief medical officer, and/or clinical director feel that they have sufficient authority to run the hospital as efficiently as they might desire?

Answer. No. The central office has too many regulations and restrictions on the manager. These should be removed, as the central office does not know the facts facing the manager of this institution. He should be given sufficient authority to run the hospital as efficiently as possible.

5. Question. Do they feel that there are undue restrictions and regulations under which they must function? If so, kindly specify in what way.

Answer. Yes. The restriction of having the out-patient department opened only to service-connected cases, especially surgical cases. If non-service-connected surgical cases could use the out-patient department for follow-up dressings, this would free hospital beds, and the hospitalization period would be shortened.

6. Question. Do they feel that they have sufficient authority and latitude to employ competent doctors, nurses, and attendants?

Answer. Doctors? No. Nurses and attendants? Yes.

7. Question. Do they have encouragement and support in research, in participating in clinical meetings, symposiums, medical lecture courses, etc.?

Answer. No special encouragement in research, as no time is allowed off and no expense money to attend these clinical meetings and lectures. Whatever is done in this line is done amongst the staff themselves.

8. Question. What definite complaints, if any, are there as to quality, quantity, variety, and preparation of food in the veterans' hospital?

Answer. None. The food here is fair as to quality, quantity, and varied in preparation. It is all prepared in well-equipped kitchens under fine sanitary conditions. The food in veterans' hospital here is as good as in any State hospital, and in many instances better. The committee ate the food and reported favorably.

9. Question. Have there been, or are there, any specific cases of alleged abuse or neglect of patients?

Answer. No.

10. Question. Are the recreation facilities adequate?

Answer. Yes. Entertainment two or three times per week. Many complaints regarding recreational director—poor personality for this position; lacks necessary interest, etc.

11. Question. Is the canteen service satisfactory, and are the prices charged veterans reasonable? If not, please describe. Need more cigarettes and candy bars?

Answer. Yes.

12. Question. Are the medical equipment and clinical arrangements satisfactory?

Answer. Equipment: Operating rooms very good. Ambulance, very old and unsatisfactory. X-ray should be modernized. Cardiograph, the machine is old and should be placed away from the X-ray fluoroscope. Clinical arrangements are satisfactory.

13. Question. Are the periods of hospitalization proper too long, too brief?

Answer. No. Too long.

14. Question. Are patients required to remain in receiving wards too long before complete examinations and treatments are started?

Answer. In some cases yes, especially the surgical. Medical cases? No.

15. Question. How about cleanliness and neatness in building and on grounds?

Answer. Good.

16. Question. Is it felt that the discipline and morale of patients are satisfactory?

Answer. Yes.

17. Question. Are transportation facilities to and from the hospital adequate?

Answer. No. Some action should be taken by Veterans' Administration for more frequent and direct service to the hospital by running a bus direct from hospital to West Roxbury Hospital and not making any other stops.

18. Question. Is the contact service considered satisfactory and adequate by the American Legion?



Answer. Yes. Full-time contact representative at this hospital.

19. Question. How does the ratio of patients to full-time physicians and surgeons, nurses, and attendants in the veterans' hospital compare to that in State, county, and municipal institutions?

Answer. Much better in veterans' hospitals. Ratio: Doctors, 1-15; nurses, 1-8; attendants, 1-6.

20. Question. Are the patients too crowded? Is there sufficient floor space per patient?

Answer. At present patients are not crowded but with the increase expected they will be crowded. There is sufficient floor space per patient at present.

21. Question. How do you find the discipline and morale of the hospital personnel? What are their complaints, if any?

Answer. Discipline and morale good, but complaint is that they are underpaid, and the committee feels this is so.

22. Question. What is your recommendation as to type and number of additional beds that may be required for the new load?

Answer. Need about a 500-bed domiciliary type of hospital to free active medical beds in hospital. Will need more medical beds, including beds for female patients.

23. Question. What percentage of patients are leaving the hospital against medical advice? Why?

Answer. From January 20, 1944, to April 3, 1945—1 out of every 73.

24. Question. What percentage of patients without dependents leave hospitals against medical advice due to reduction in pension while being hospitalized?

Answer. For the same date, 40 out of 2,932 discharges.

25. Question. Could better personal care be furnished with staff aide program of WAC's trained in hospital routine, thus relieving nurses for more important duties?

Answer. Yes; WAC's could take on the paper work.

26. Question. Are there any complaints on the part of the patients regarding lack of information given them as to their physical condition and advice as to future treatment upon being discharged from the hospital?

Answer. No.

27. Question. What general or specific recommendations would you offer as to the medical treatment and hospital care of veterans in Veterans' Administration facilities?

Answer. (1) Open out-patient department to non-service-connected surgical cases.

(2) Build a domiciliary hospital.

(3) Add more buildings to present hospital increasing beds to 730 for new load.

(4) Have more outside specialists and consultants, especially in NP and surgical.

(5) Have medical personnel live in the facility so that they may be reached easily.

(6) Have assistant officer-of-day on call. At present there is only one for the entire hospital.

The committee thanked Lt. Col. H. Bexley for kind and cooperative spirit shown on visit to the hospital.

Rev. LAURENCE N. BLACKBURN,  
*Department Chaplain,*

ALBERT CAREY,  
*Chairman, Department Hospitalization Committee,*  
Dr. ANTHONY J. WEST, *Chairman,*  
*Active Committee.*

THOMAS F. MACKAY,  
*Department Commander,*

COLEMAN C. CURRAN,  
*Department Adjutant,*

TIMOTHY J. BUCKLEY,  
*Department Service Officer,*

JOHN H. BURKE,  
*National Field Secretary,*  
*Advisory Committee.*

THE AMERICAN LEGION,  
DEPARTMENT OF MICHIGAN,  
Detroit 26, Mich., April 17, 1945.

EDWARD N. SCHEIBERLING,  
National Commander, the American Legion,  
Washington 6, D. C.

DEAR COMMANDER: I am enclosing answers to the questions supplied us in reference to the veterans' facility at Dearborn, Mich.

Department Commander Charles Gray has sat in on conferences with other service organizations at the hospital. The attached report is approved as far as the American Legion is concerned.

Our commander believes that Medical Corps men should be sent here at the earliest possible date but that direct contact should be made with Guy Palmer, manager of the Dearborn facility, before this is done.

We also report that the chief technician is overworked and underpaid. This is another situation that should be eliminated.

You will notice that the answers to questions 4, 5, 6, and 7 are on a separate sheet.

With these comments in addition to the submitted report, we offer them to you for future consideration.

With kindest regards, I remain,

Yours very truly,

LISLE H. ALEXANDER, *Department Adjutant.*

VETERANS' ADMINISTRATION FACILITY, DEARBORN, MICH. (GENERAL MEDICAL AND SURGICAL, 463 BEDS)

1. Question. Are there any general or specific complaints on the medical treatment and hospital care received by the patients? If so, please describe briefly.

Answer. Due to shortage of laboratory technicians, patients are kept in the receiving ward for too long a period before being assigned to a ward for specific treatment.

2. Question. Has remedial action been taken by the Veterans' Administration in these cases or others which may have been previously reported?

Answer. No.

3. Question. What is your opinion of the relative standards of treatment in the veterans' hospitals as compared to the State, county, and municipal institutions in the same area?

Answer. The Veterans' Administration facility, Dearborn, Mich., is not on a par with such State institutions as the University Hospital at Ann Arbor, Mich., or the Seymour Hospital at Eloise, Mich. It is on a par, however, or superior, to such institutions as the Receiving Hospital, city of Detroit. If the Dearborn facility were furnished with adequate hospital attendants, laboratory technicians, and other help, it would be on a par with county, State, and municipal institutions, with the exception of those mentioned above.

4, 5, 6, and 7. Answers are contained on the attached sheet.

8. Question. What definite complaints, if any, are there as to the quality, quantity, variety, and preparation of food in the veterans' hospitals?

Answer. Under existing conditions we cannot complain upon the quality, quantity, and variety of food; however, the food served to bed patients is usually cold or lukewarm. Many patients on specific diets believe the food could be more varied. Would suggest a different method or different apparatus that would keep food warm when served the bed patients. There are no complaints insofar as the patients are concerned who eat in the dining room.

9. Question. Have there been or are there any specific cases of alleged abuse or neglect of patients?

Answer. Patients remaining an unreasonable length of time in the admitting ward feel they are neglected—particularly if they are admitted for surgery—due to the fact that the shortage of help and the heretofore-mentioned laboratory technicians necessitates quite a period of time before their clinical charts can be prepared and they are admitted to other wards for either surgery or general treatment.

10. Question. Are the recreatinal facilities adequate?

Answer. No. In this facility patients are not permitted outside of the hospital area, though they are convalescent. World War II veterans feel this restriction is unreasonable. Immediate arrangements should be made for the outside con-

struction of shuffleboard courts, horseshoe courts, etc., so that the patients physically able can use these during the summer months. Arrangements should also be made so that some wheel-chair patients could be taken out on the grounds under the supervision of attendants.

11. Question. Is the canteen service satisfactory, and are the prices charged veterans reasonable? If not, please describe.

Answer. Quarters allotted the canteen service are far too small. Prices up to the present time of food and other articles are reasonable.

12. Question. Are the medical equipment and clinical arrangements satisfactory?

Answer. Medical equipment, such as X-ray, physiotherapy, etc., is satisfactory. Dental clinic is inadequate as to the sufficient number of personnel needed to service an area of this size. In the laboratory there is an insufficient number of technicians. An additional pharmacist is required in the pharmacy.

13. Question. Are the periods of hospitalization proper? Too long? Too brief?

Answer. Under existing circumstances the periods of hospitalization are satisfactory. Should additional help, such as attendants, etc., be secured immediately, periods of hospitalization of many patients could be shortened.

14. Question. Do patients feel they are required to remain in receiving wards too long before complete examinations and treatments are started?

Answer. Yes. Due to conditions mentioned above.

15. Question. How about cleanliness and neatness in the buildings and on the grounds?

Answer. Due to lack of attendants and other personnel, the hospital is not as clean as it should be.

16. Question. Is it felt that the discipline and morale of the patients are satisfactory?

Answer. Close confinement because of lack of recreational facilities, including outdoor privileges, has reduced morale of patients—particularly those of World War II.

17. Question. Are the transportation facilities to and from the hospital adequate?

Answer. No. It takes approximately 1½ hours to travel from Metropolitan Detroit to the Veterans' Administration facility, Dearborn, Mich. Shuttle busses should be furnished making regular trips to and from downtown Detroit.

18. Question. Is the contact service considered satisfactory and adequate by the American Legion?

Answer. Yes; considering the number of new employees.

19. Question. How does the ratio of patients to full-time physicians and surgeons, nurses, and attendants in the veterans' hospital compare to that in State, county, and municipal institutions?

Answer. Nurses and doctors, favorable; attendants, unfavorable. In our opinion, this is due to the extremely low pay by the Veterans' Administration for attendants and medical personnel.

20. Question. Are the patients too crowded? Is there sufficient floor space per patient?

Answer. On the basis of a waiting list larger than the capacity of the hospital, conditions are not crowded to the extent that in any way affect the care and treatment of the patients.

21. Question. How do they find the discipline and morale of the hospital personnel? What are their complaints, if any?

Answer. The morale of the hospital personnel is not satisfactory at the present time because of the low salary of pay in all divisions. Doctors, nurses, attendants, technicians, office help can all secure larger salaries in outside work.

22. Question. What is your recommendation as to type and number of additional beds that may be required for the new load?

Answer. In checking the records for the year 1944, it is our estimate that the necessary number of beds to handle the present and anticipated load in this facility is as follows: 2,500 general medical and surgical; 400 tuberculosis; the quantity of neuropsychiatric beds is unknown, but based upon all information we can secure, between 7,000 and 8,000 additional neuropsychiatric beds will be necessary.

23. Question. What percentage of the patients are leaving the hospital against medical advice? Why?



Answer. According to 1944 hospital records, 96 against medical advice (17 from receiving service for the reason that they were retained in the receiving service too long) ; 162 absent without leave (84 from receiving service).

24. Question. Could better personal care be furnished with staff-aids program of Wac's trained in hospitals routine, thus relieving nurses for more important duties?

Answer. Yes.

25. Question. What percentage of patients without dependents leave the hospitals against medical advice due to the reduction in pension while being hospitalized?

Answer. Correct figures not available, but from direct contacts many wish to leave and do leave because of hardships inflicted by the reduction of pension. In our opinion, patients both service-connected and those in receipt of permanent and total non-service-connected pension should receive the full amount of pension allotted to them, regardless if they have dependents or not.

26. Question. Are there any complaints on the part of the patients regarding the lack of information given them as to their medical condition and advice as to future treatment upon being discharged from the hospital?

Answer. Yes; as to information regarding their medical condition while hospitalized. No; as to future treatment after discharge.

27. Question. What general or specific recommendations would you offer as to the medical treatment and hospital care of veterans in Veterans' Administration facilities?

Answer. (1) Return to civilian status as soon as practicable by all doctors now operating as commissioned officers.

(2) Upward revision in salaries of entire hospital personnel.

(3) Medical Corps within the Veterans' Administration, or some other practical program which would attract competent progressive doctors and surgeons.

(4) More recreational facilities, including outdoor privileges.

(5) Due to the paper work each ward physician is required to handle without proper assistance, it is advised that proper stenographic help be secured to assist the ward physicians in preparing medical reports.

(6) Sufficient number of laboratory technicians to handle both the hospital and out-patient load efficiently.

(7) Simplification of rules and procedure.

(8) Immediate securing of necessary attendants and reopening of fourth-floor wing giving to this facility 65 additional beds now vacant, due to lack of attendants. An additional pharmacist and dentist should also be secured.

(9) Designated dentists should be approved to operate on a fee basis in this area.

(10) A new recreational aide should be secured. At the present time the one functioning here, although sincere in her efforts, is not progressive enough or of the right temperament to satisfy the veterans in the Dearborn facility.

NOTE.—The treatment afforded to veterans who have tuberculosis at this facility is not satisfactory, particularly non-service-connected cases. The State of Michigan, in our opinion, is being discriminated against in comparison with the treatment given tuberculosis cases in other States. Records will show that many cases of active tuberculosis have applied at this facility for hospitalization, the applications have been sent to various Veterans' Administration facilities where the proper tuberculosis care and treatment could be given, such as Sunmount, N. Y., and Wood, Wis., and in many instances it has taken from 3 to 4 months before hospitalization could be secured and authorized for these veterans.

Arrangements should be made immediately to the effect that the chief medical officer and the chief of out-patient and receiving at this facility would have some method of securing immediate hospitalization for non-service-connected emergency tuberculosis cases. Where an emergency tuberculosis case develops, the veteran can be admitted to this facility, but, because of lack of proper facilities, equipment, space, etc., the treatment is not satisfactory. We, therefore, recommend the immediate erection of a 400-bed tuberculosis hospital on property adjacent to the Dearborn facility that Henry Ford is willing to donate. Records will show that the State of Michigan has never had adequate Veterans' Administration general medical and tuberculosis facilities.

PAT J. GRAY,

*American Legion Department Commander.*

ANSWER TO QUESTIONS 4, 5, 6, AND 7, BY MR. GUY F. PALMER, MANAGER OF THE  
VETERANS' ADMINISTRATION FACILITY, DEARBORN, MICH.

Managers should be given authority to establish and fill temporary positions where the need therefor has been determined as qualified eligibles become available. For instance, in connection with providing personnel to make available 110 additional hospital beds, the establishment of a position of cook, CPC-4, was requested. We have received inquiries from four very well-qualified cooks in recent months, two of whom are disabled veterans of World War II. Delays in establishing positions which have been requested result in loss of available personnel. This is particularly true of cooks, who receive an average salary of \$60 per week in this locality.

Delays in securing approval of an applicant for filling a centralized position have also resulted in loss of qualified eligibles. If field offices were permitted to process all applications through the nearest regional office of the Civil Service Commission and place the eligible on duty, we would be in a position to avail ourselves of the services of well-qualified applicants. For instance, a very well-qualified assistant laboratorian in bacteriology was available to fill a vacancy at this station. The application was submitted to central office for determination as to eligibility. One month later a letter was received authorizing employment. That day a telephone call to the applicant revealed that she had become tired of waiting to hear from us, and had accepted another position at a salary in excess of that offered by this facility and within walking distance of her home. Had we been able to employ her within a few days of the original contact, the position would have been filled.

There is sufficient authority to appoint nurses and attendants.

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ANSWERS TO QUESTIONS 4, 5, 6, AND 7 BY P. A. WATERS, LIEUTENANT COLONEL,  
MEDICAL CORPS, CHIEF MEDICAL OFFICER OF THE VETERANS' ADMINISTRATION  
FACILITY, DEARBORN, MICH.

4. Question. Do the manager, chief medical officer and/or clinical director feel they have sufficient authority to run the hospital as efficiently as they might desire?

Answer. The chief medical officer does not feel that he has sufficient authority to run the hospital as efficiently as he might.

5. Question. Do they feel that there are undue restrictions and regulations under which they must function? If so, kindly specify in what way.

Answer. The chief medical officer feels that there are undue restrictions and regulations under which he must function. This has to do specifically with personnel, authorization of the various medical activities, and prosthetic appliances which are not under contract; the use of contract or noncontract hospitals whose fees are in excess of the fees schedule. More specifications might be found if there were sufficient time to thoroughly consider every function of the chief medical officer.

6. Question. Do they feel they have sufficient authority and latitude to employ competent doctors, nurses, and attendants?

Answer. The chief medical officer has no authority or latitude relative to the employment of doctors, the assignment being entirely centralized.

7. Question. Do they have encouragement and support in research, in participation in clinical meetings, symposiums, medical lecture courses, etc.?

Answer. The medical staff does not feel that they have encouragement and support in research, in participating in clinical meetings, medical lecture courses, etc. Assignment to such courses is done by central office and can only be made if the station can get along without the services of the individual assigned and he, in turn, must pay all expenses incident to such assignment. Instructions relative to the curtailment of leave at the present time preclude individual medical officers from attending such courses. Special courses of instruction in various specialties are practically nonexistent at this time in the Veterans' Administration.

RECOMMENDATIONS OF THE SERVICE OFFICERS OF THE VETERANS OF FOREIGN WARS OF UNITED STATES, DISABLED AMERICAN VETERANS AND THE AMERICAN LEGION TO QUESTIONS 4, 5, 6, AND 7

4. The hospital staff be rearranged providing for competent specialists in each branch of medicine and surgery, particularly orthopedic and brain surgery.

5. Authority should be granted to call in consultants when indicated.

6. It is believed that a ward surgeon should not be expected to take care of more than 40 patients in a general medical hospital. At the present time, each ward surgeon has approximately 65 patients.

7. The manager should have authority to make final decisions, so that you would not have a repetition of the very disappointing experience of furnishing housing for military attendants. There is entirely too much delay between the date the manager makes a recommendation, to central office and approval is granted.

THE AMERICAN LEGION,  
DEPARTMENT OF MICHIGAN,  
Detroit 26, Michigan, April 27, 1945.

EDWARD N. SCHEIBERLING,  
*National Commander, the American Legion,*  
*Washington 6, D. C.*

DEAR COMMANDER SCHEIBERLING: We have previously submitted a report, according to your request, on the veterans' facility hospital at Dearborn.

I am enclosing a similar report which has been made by the veterans' organization State service officers and approved by department commander Charles J. Gray. This report covers the Veterans' Administration facility at Fort Custer, Mich. This completes our department report according to your request.

With kindest regard, I remain,

Yours very truly,

LISLE H. ALEXANDER,  
*Department Adjutant.*

VETERANS' ADMINISTRATION FACILITY, FORT CUSTER, MICH. (NEUROPSYCHIATRIC,  
1,879 BEDS)

1. Question. Are there general or specific complaints on the medical treatment and hospital care received by the patients? If so, please describe briefly.

Answer. There are no complaints on the medical treatment and hospital care being received by patients at this time.

2. Question. Has remedial action been taken by the Veterans' Administration in these cases or others which may have been previously reported?

Answer. All complaints previously reported have been investigated and where possible remedial action has been taken. A reasonable number of complaints given to relatives by patients have no basis in fact, such complaints being the result of mental conditions from which the patients are suffering. However, such complaints are given careful consideration.

3. Question. What is your opinion of the relative standards of treatment in the veterans' hospitals as compared to the State, county, and municipal institutions in the same area?

Answer. The treatments given mental patients at this facility are far superior to that given by State, county, and municipal institutions.

4. Question. Do the manager, chief medical officer, and/or clinical director feel they have sufficient authority to run the hospital as efficiently as they might desire?

Answer. There are many factors involved in the answer to a question of this kind. They have to do with competency and experience of all personnel connected with the hospital. The war has had its effect on the Fort Custer Facility. Many of the personnel connected with the institution are now in the Army; this includes doctors, nurses, attendants, technicians, and others. Many of those not going into the military service have taken industrial positions. Much of the personnel that is now employed have had no experience in this type of work.



There is still a shortage of doctors, nurses, technicians, and others. However, they have been able to secure from the Army a medical detachment of limited servicemen. While in general they have had no experience in caring for mentally ill patients, they are doing a fairly good job, and no patient is being neglected. As to material, instruments, etc., everything necessary has been furnished. There has been some difficulty in obtaining needed equipment. As a result of planning, or lack of planning, there have been interminable delays in furnishing certain types of material.

5. Question. Do they feel that there are undue restrictions and regulations under which they must function? If so, kindly specify in what way.

Answer. Dr. Hentz, manager of the Fort Custer Facility, desires to make no attempt to discuss or answer this question.

6. Question. Do they feel they have sufficient authority and latitude in employing competent doctors, nurses, and attendants?

Answer. During the war, competent doctors have preferred to remain in private practice and cannot be secured by the Veterans' Administration. It is doubted, unless the pay was materially increased, if such doctors would consider entering the Veterans' Administration. Nurses are scarce—there are not enough to fill the military service quotas, and to fill the positions in civilian hospitals. As to attendants, the pay has never been high enough to attract the type of men needed. Not only should they receive more pay but they should be required to be of higher type than is generally available.

7. Question. Do they have encouragement and support in research, in participating in clinical meetings, symposiums, medical lecture courses, etc.?

Answer. Doctors are given a great deal of liberty as to clinical meetings, symposiums, medical lecture courses, etc. The Veterans' Administration gives frequent postgraduate courses. Research in this institution is a very difficult matter. In other words, research should be set up as a separate unit, separate from clinical work. As a general proposition, a doctor cannot be an accomplished clinician, and at the same time engage in very much research work.

8. Question. What definite complaints, if any, are there as to the quality, quantity, variety, and preparation of food in the veterans' hospitals?

Answer. There have been no recent complaints as to the quality, quantity, variety, and preparation of food in this hospital. The food is considered to be excellent and above that received by the general population. It is well planned as to proteins, carbohydrates, fats, minerals, vitamins, etc., and the number of calories furnished per patient is all that is required. The only complaint relative to food in many months has been from some diabetic or someone on a special diet.

9. Question. Have there been or are there any specific cases of alleged abuse or neglect of patients?

Answer. There have been no cases of alleged neglect. The care received by patients, is of a high type and has been improved over recent months as the institution was able to secure the services of soldiers.

10. Question. Are the recreational facilities adequate?

Answer. Recreational facilities have been increased many fold during recent months. The services of outside organizations and persons have been secured and much has been done to entertain the patients. Picture shows have been held twice per week and there are many other entertainments given both by professional and nonprofessional persons. In fact, more recreational activities could be had if they were of the quality that would be acceptable in an institution of this kind. The hospital has no physical director at this time but we have utilized the services of one or two of the officers connected with the Medical Department. This phase of the work is not up to standard for the younger patients, but it is hoped that a physical director can be secured in the near future, and if this is done, this phase of the work will be made more adequate.

11. Question. Is the canteen service satisfactory, and are the prices charged veterans reasonable? If not, please describe.

Answer. Canteen service is satisfactory, and the prices charged are no greater than that charged for the same article in the surrounding towns.

12. Question. Are the medical equipment and clinical arrangements satisfactory?

Answer. The medical equipment is as good as can be found in any other institution. There is lack of space for certain clinical facilities at the present time, but this is in the process of being made adequate. It is our understanding that the present clinical building will either be reconstructed so as to make it adequate, or a new building erected.

13. Question. Are the periods of hospitalization too long? Too brief?

Answer. Periods of hospitalization are considered to be proper.

14. Question. Do patients feel they are required to remain in receiving wards too long before complete examinations and treatment are started?

Answer. In general the patients received at the Fort Custer Facility are probably not in condition to judge this matter. However, the examinations are required to be completed within 10 days, except for special examinations.

15. Question. How about cleanliness and neatness in the buildings and on the grounds?

Answer. Cleanliness and neatness in the buildings and on the grounds are of high order.

16. Question. Is it felt that the discipline and morale of the patients are satisfactory?

Answer. Discipline and morale of the patients are considered to be satisfactory.

17. Question. Are the transportation facilities to and from the hospital adequate?

Answer. Transportation facilities are considered to be reasonably adequate. Practically all Greyhound busses from Detroit to Chicago and intermediate points stop at this station.

18. Question. Is the contact service considered satisfactory by the American Legion?

Answer. A full-time contact representative is on duty at the Fort Custer Facility. His services are satisfactory.

19. Question. How does the ratio of patients to full-time physicians and surgeons, nurses, and attendants in the veterans' hospital compare to that of State, county, and municipal institutions?

Answer. It is believed that the ratio of full-time physicians and surgeons, nurses, and attendants is higher in veterans' hospitals than in city, county, and municipal institutions.

20. Question. Are the patients too crowded? Is there sufficient space per patient?

Answer. The patients are not too crowded. More patients per square foot of floor space, have been admitted to the hospital during the war than during peacetime, but there is no undue crowding.

21. Question. How do they find the discipline and morale of the hospital personnel? What are their complaints, if any?

Answer. The discipline and morale of the personnel at this facility is fair. The main complaint is that of overwork and underpay.

22. Question. What is your recommendation as to type and number of additional beds that may be required for the new load?

Answer. Three new buildings are being added to the Fort Custer institution at the present time which will accommodate between 500 and 600 patients. One building is for acute cases and the other two buildings are for continuous treatment and will take care of any type of patient other than acute. We believe that with the added expansion, it will still be inadequate to meet anticipated future needs.

23. Question. What percentage of the patients are leaving the hospital against medical advice? Why?

Answer. For a time a great many patients were being removed against medical advice shortly after being received from the military service. This has greatly lessened during the past year until now it is rather exceptional for a relative to remove a patient against medical advice. However, it is still somewhat of a problem and one for which there seems to be little or no solution. Too many mothers and fathers feel that a mental illness cannot possibly attack any member of their family. Prejudice and wishful thinking is the cause of practically all removals against medical advice.

24. Question. What percentage of patients, without dependents, leave the hospitals against medical advice due to their reduction in pension while being hospitalized.

Answer. None. Hardly applicable in a hospital of this type.

25. Question. Could better personal care be furnished with staff aide program of Waacs trained in hospital routine, thus relieving nurses for more important duties?

Answer. Doubtless a few Waacs trained in hospital routine might relieve nurses for more important duties. The Fort Custer Facility being a hospital caring for males suffering from mental illnesses is limited in the number of female personnel that it can use.



26. Question. Are there any complaints on the part of the patients regarding the lack of information given them as to their physical condition and advice as to future treatment upon being discharged from the hospital?

Answer. No complaints that we could discover.

27. Question. What general or specific recommendations would you offer as to the medical treatment and hospital care of veterans in Veterans' Administration facilities?

Answer. We have visited the Veterans' Administration facility at Fort Custer. Our survey was not sufficient to warrant any definite recommendations similar to suggestions offered relative to the Dearborn Facility.

We have received very few complaints on the Veterans' Administration facility at Fort Custer recently, except the difficulty in having mental patients admitted, particularly non-service-connected cases. We understand the facility has more patients than was originally contemplated for the present space. However, in view of the pending load, we would not care to say the facility is overcrowded.

We do believe that 2,500 is the maximum amount of mental patients which should be under the jurisdiction of one facility. We would, therefore, suggest that the Veterans' Administration immediately survey the possibility of erecting an additional mental hospital in this State.

#### QUESTIONS TO BE ANSWERED AS TO EACH VETERANS HOSPITAL

(Kindly respond in same numerical order, and air mail the report to National Commander Scheiberling, Washington 6, D. C.)

Name of hospital: Veterans' Administration.

Address: Minneapolis, Minn., (general medical and surgical, 826 beds).

1. Question. Are there any general or specific complaints on the medical treatment and hospital care received by the patients? If so, please describe briefly.

Answer. Many complaints from various sections of the hospital regarding failure to administer medication within a reasonably short time after admission. Tuberculosis patients were quite dissatisfied with the prior failure to educate the patients on tuberculosis.

2. Question. Has medical action been taken by the Veterans' Administration in these cases or others which may have been previously reported?

Answer. The conditions outlined in No. 1 were discussed with the manager and chief medical officer, both of whom agreed to check into all complaints and make whatever corrections necessary.

3. Question. What is your opinion of the relative standards of treatment in the veterans' hospitals as compared to the State, county, and municipal institutions in the same area?

Answer. We in Minnesota feel that the treatment for tuberculosis at the Glen Lake Sanatorium is far superior to the treatment of tuberculosis in the Veterans' Administration. As far as general medical and surgical cases are concerned, I believe the treatment in the Veterans' Administration is equal to that in municipal institutions, but somewhat slower.

4. Question. Do the manager, chief medical officer and/or clinical director feel they have sufficient authority to run the hospital as efficiently as they might desire?

Answer. There is a definite feeling on the part of all responsible officials of the Minneapolis Veterans' Administration that they do not have sufficient authority to operate the hospital as efficiently as they desire.

5. Question. Do they feel that there are undue restrictions and regulations under which they must function? If so, kindly specify in what way.

Answer. Definitely undue restrictions and regulations preclude proper operation of the hospital.

6. Question. Do they feel they have sufficient authority and latitude to employ competent doctors, nurses and attendants?

Answer. Nurses and attendants can be hired locally. They do not have sufficient authority to hire doctors except on the rating boards. The question arises, why can they hire doctors for the rating boards locally and not for the hospital?

7. Question. Do they have encouragement and support in research, in participating in clinical meetings, symposiums, medical lecture courses, etc.?

Answer. Locally, yes; but only on the authority of the local management. Nationally, central office gives no encouragement in the matter of taking courses



in advanced medicine, attending symposiums, or national meetings. Central office should require and direct all of its medical officers to take a course in advanced medicine at least every 2 years and this should be at Government expense as to time and money.

8. Question. What definite complaints, if any, are there as to the quality, quantity, variety, and preparation of food in the veterans' hospitals?

Answer. Generally speaking, the patients in the general medical section were satisfied with the food as to quality, quantity, variety, and preparation. The same cannot be said of the patients in the TB section where central tray service is in operation. There are many complaints on the food in the TB unit.

9. Question. Have there been or are there any specific cases of alleged abuse or neglect of patients?

Answer. No cases of alleged abuse but a number of cases on the subject of neglect in medical treatment in the form of failing to administer medication within a reasonable time after admission.

10. Question. Are the recreational facilities adequate?

Answer. The library should be open on certain evenings during the week as well as on Sunday afternoon. There are not sufficient occupational therapists on duty to properly carry on this service. With the increased load of World War II patients the recreational activities should be materially expanded. There were many complaints about the radio programs.

11. Question. Is the canteen service satisfactory, and are the prices charged veterans reasonable? If not, please describe.

Answer. The canteen concessionaire does not send any cart through the hospitals for the bed patients. This service should be established. All prices charged are absolute ceiling. Prices charged are checked by responsible officials of the hospital.

12. Question. Are the medical equipment and clinical arrangements satisfactory?

Answer. The present equipment is satisfactory but not the most modern, nor the best obtainable. It appears that central office attempts to obtain medical and clinical equipment at the cheapest price and therefore do not get the best. More equipment and space are necessary in the surgical service.

13. Question. Are the periods of hospitalization proper? Too long? Too brief?

Answer. Many patients feel that the period of hospitalization is entirely too long. There were no complaints that the hospitalization period was too brief. Naturally, of course, we had no opportunity to see the patients who were rushed out of the hospital before proper and complete treatment.

14. Question. Do patients feel they are required to remain in receiving wards too long before complete examinations and treatment are started?

Answer. The majority of patients feel that they are retained on receiving wards entirely too long before treatment and medication are started.

15. Question. How about cleanliness and neatness in the buildings and on the grounds?

Answer. From my viewpoint I would not say hospital buildings were entirely clean and neat, but as usual these conditions were attributed to shortage in personnel.

16. Question. Is it felt that the discipline and morale of the patients are satisfactory?

Answer. The discipline in the TB hospital appeared to be quite severe, due no doubt to the fact that the TB unit is in connection with the general medical hospital. The morale of the general medical patients was good while that in the TB group was not too high.

17. Question. Are the transportation facilities to and from the hospital adequate?

Answer. No. Regional-office activities should be moved downtown Minneapolis.

18. Question. Is the contact service considered satisfactory and adequate by the American Legion?

Answer. No. Too many inexperienced men without proper background have been employed recently.

19. Question. How does the ratio of patients to full-time physicians and surgeons, nurses, and attendants in the veterans' hospital compare to that in State, county, and municipal institutions?

Answer. Favorably. All personnel at this facility compares favorably with the old table of organization.

20. Question. Are the patients too crowded? Is there sufficient floor space per patient?

Answer. Definitely yes, both in the general medical section and the TB unit. There should be no further expansion of emergency beds at this hospital. As a matter of fact, I definitely recommend that the bed capacity of the TB unit and certain other sections in the general medical group be reduced.

21. Question. How do you find the discipline and morale of the hospital personnel? What are their complaints, if any?

Answer. Very low, due to the lack of consideration and understanding on the part of the manager. There is certainly a lack of cooperation between the manager and chiefs of departments.

22. Question. What is your recommendation as to type and number of additional beds that may be required for the new load?

Answer. Approximately 750 general medical beds, in addition, of course, to proper facilities for the treatment of tuberculosis.

23. Question. What percentage of the patients are leaving the hospital against medical advice? Why?

Answer. Percentage is not available. From March 1, 1944, to February 28, 1945, tuberculosis, 105. General medical and surgical for the same period, 157.

24. Question. What percentage of patients without dependents leave the hospitals against medical advice due to the reduction in pension while being hospitalized?

Answer. Percentage not available, but according to hospital officials, comparatively small group.

25. Question. Could better personal care be furnished with staff aide program of Waacs trained in hospital routine, thus relieving nurses for more important duties?

Answer. No, because the arrangement would not be permanent.

26. Question. Are there any complaints on the part of the patients regarding the lack of information given them as to their physical condition and advice as to future treatment upon being discharged from the hospital?

Answer. This type of complaint was quite general throughout the hospital, but was found particularly among the TB patients, although in recent months more consideration and thought was given to the education of the TB patients regarding their condition.

27. Question. What general or specific recommendations would you offer as to the medical treatment and hospital care of veterans in Veterans' Administration facilities?

Answer. See special report by the Department of Minnesota.

OSCAR C. LOUIS,  
*Department Commander.*

THE AMERICAN LEGION,  
DEPARTMENT OF MISSISSIPPI,  
*April 26, 1945.*

MR. EDWARD N. SCHEIBERLING,  
*National Commander, the American Legion,*  
*Washington, D. C.*

DEAR COMMANDER SCHEIBERLING: Attached are reports of the Legion investigation of the Biloxi Soldiers Home and the Gulfport Veterans' Hospital as requested by your letter of March 21, 1945.

Sincerely yours,

GEORGE W. DITTO,  
*Department Commander.*

REPORT OF INVESTIGATION OF VETERANS' ADMINISTRATION FACILITY, BILOXI, MISS.  
(GENERAL MEDICAL AND SURGICAL, 208 BEDS), APRIL 17, 1945

1. Question. Are there any general or specific complaints on the medical treatment and hospital care received by the patients? If so, please describe briefly.

Answer. Four complaints. Three were unfounded and one is pending investigation.

2. Question. Has remedial action been taken by the Veterans' Administration in these cases or others which may have been previously reported?

Answer. Yes.

3. Question. What is your opinion of the relative standards of treatment in the veterans' hospitals as compared to the State, county, and municipal institutions in the same area?

Answer. Superior.

4. Question. Do the manager, chief medical officer, and/or clinical director feel they have sufficient authority to run the hospital as efficiently as they might desire?

Answer. No.

5. Question. Do they feel that there are undue restrictions and regulations under which they must function? If so, kindly specify in what way.

Answer. Yes. Because of inability to promptly transfer undesirable medical personnel.

6. Question. Do they feel they have sufficient authority and latitude to employ competent doctors, nurses, and attendants?

Answer. Yes, as to nurses and attendants. No, as to doctors.

7. Question. Do they have encouragement and support in research, in participating in clinical meetings, symposiums, medical lecture courses, etc?

Answer. No.

(a) Shortage of medical personnel.

(b) Leave to attend such meetings has been denied in several instances by central office.

(c) In comparison with armed forces and United States Public Health Service, Veterans' Administration employees must pay their own expenses to attend such meetings.

8. Question. What definite complaints, if any, are there as to the quality, quantity, variety, and preparation of food in the veterans' hospitals?

Answer. None. Veterans' Administration facilities should have equal priority with the Army in food purchases. There is need of equipment for delivery of food. There is need of equipment for the delivery of food to the bedsides of patients before it cools.

9. Question. Have there been or are there any specific cases of alleged abuse or neglect of patients?

Answer. Three unconfirmed on investigation. One now under investigation.

10. Question. Are the recreational facilities adequate?

Answer. Yes. For the present load only.

11. Question. Is the canteen service satisfactory, and are the prices charged veterans reasonable? If not, please describe.

Answer. Space and facilities inadequate for present load. Sanitary standards bad and need for increased storage space.

12. Question. Are the medical equipment and clinical arrangements satisfactory?

Answer. Yes.

13. Question. Are the periods of hospitalization proper? Too long? Too brief?

Answer. Yes; except for a few chronic cases which might properly be transferred to the domiciliary barracks.

14. Question. Do patients feel they are required to remain in receiving wards too long before complete examinations and treatment are started?

Answer. No.

15. Question. How about cleanliness and neatness in the buildings and on the grounds?

Answer. Good.

16. Question. Is it felt that the discipline and morale of the patients are satisfactory?

Answer. Apparently; yes.

17. Question. Are the transportation facilities to and from the hospital adequate?

Answer. Yes; except for railroad facilities. The manager is unable to secure priorities for railroad transportation to diagnostic center.

18. Question. Is the contact service considered satisfactory and adequate by the American Legion?

Answer. No; there is a need for a full-time contact man with a secretary.

19. Question. How does the ratio of patients to full-time physicians and surgeons, nurses, and attendants in the veterans' hospital compare to that in State, county, and municipal institutions?

Answer. Ratio of 1 in the Veterans' Administration to 3 in State, county, and municipal institutions.

20. Are the patients too crowded? Is there sufficient floor space per patient?

Answer. Two wards are slightly overcrowded.



21. Question. How do you find the discipline and morale of the hospital personnel? What are their complaints, if any?

Answer. Some complaints because of overtime and low rate of pay. Otherwise good.

22. Question. What is your recommendation as to type and number of additional beds that may be required for the new load?

Answer. (1) Increase of 540 beds: (a) Mild neurotics, 200; (b) general medical and surgical, 340.

(2) Increase of 1,300 domiciliary beds.

23. Question. What percentage of the patients are leaving the hospital against medical advice? Why?

Answer. In 1944, 9.7 percent, largely World War II patients discharged directly to facility from the Army and who, because of homesickness, leave against medical advice.

24. Question. What percentage of patients without dependents leave the hospitals against medical advice due to the reduction in pension while being hospitalized?

Answer. Very small.

25. Question. Could better personal care be furnished with staff aide program of Waes trained in hospital routine, thus relieving nurses for more important duties?

Answer. No.

26. Question. Are there any complaints on the part of the patients regarding the lack of information given them as to their physical condition and advice as to future treatment upon being discharged from the hospital?

Answer. No.

27. Question. What general or specific recommendations would you offer as to the medical treatment and hospital care of veterans in Veterans' Administration facilities?

Answer. (a) More frequent visits by medical supervisors from central office. Records show a visit by medical supervisor in spring of 1942, followed by one in March 1945, indicating a lack of interest in the welfare of the patients and administration of the hospital by central office.

(b) There should be an increase to a minimum of 12 physicians, including the clinical director, so that an adequate hospital staff may be available. There are now seven physicians on the staff.

(c) There should be a substantial increase in the pay of all personnel, including staff physicians.

(d) There should be an increase in the clerical personnel so that examination reports may be kept current for rating purposes. On the day of our visit there were untyped 125 hospital reports and 443 examination and observation reports.

(e) There should be closer coordination between the facility medical staff and regional claims and rating boards on the type of examination and observation required for rating purposes.

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REPORT OF INVESTIGATION OF VETERANS' ADMINISTRATION FACILITY, GULFPORT, MISS.  
(NEUROPSYCHIATRIC, 980 BEDS), APRIL 16, 1945

1. Question. Are there any general or specific complaints on the medical treatment and hospital care received by the patients? If so, please describe briefly.

Answer. Yes. General complaints based on the following:

(a) Mess hall entirely inadequate, necessitating the serving of six meals daily.

(b) Hospital grounds and facilities greatly overcrowded.

(c) Present buildings badly disconnected.

(d) Inefficient clinical arrangements due to poor building planning.

(e) Insufficient number of water-cooling units.

(f) Poor communication system. There is need for 24-hour PBX service.

2. Question. Has remedial action been taken by the Veterans' Administration in these cases or others which may have been previously reported?

Answer. A survey for need of additional facilities was made in March 1945.

3. Question. What is your opinion of the relative standards of treatment in the veterans' hospitals as compared to the State, county, and municipal institutions in the same area?

Answer. On a par with or slightly above.

4. Question. Do the manager, chief medical officer and/or clinical director feel they have sufficient authority to run the hospital as efficiently as they might desire?

Answer. No; the manager has no control over the employment of personnel.

5. Question. Do they feel that there are undue restrictions and regulations under which they must function? If so, kindly specify in what way.

Answer. Yes; because of inability to select personnel of choice.

6. Question. Do they feel they have sufficient authority and latitude to employ competent doctors, nurses, and attendants?

Answer. No.

7. Question. Do they have encouragement and support in research, in participating in clinical meetings, symposiums, medical lecture courses, etc.?

Answer. No. Due to lack of time because of insufficient personnel and inadequate staff.

8. Question. What definite complaints, if any, are there as to the quality, quantity, variety, and preparation of food in the veterans' hospitals?

Answer. None.

9. Question. Have there been or are there any specific cases of alleged abuse or neglect of patients?

Answer. Yes; a report in regard to the alleged abuse of former patient, Burton C. Miller will be supplied by a field representative of the national rehabilitation committee of the American Legion.

10. Question. Are the recreational facilities adequate?

Answer. No; facilities entirely too small and activities too limited. There is urgent need for a larger building.

11. Question. Is the canteen service satisfactory, and are the prices charged veterans reasonable? If not, please describe.

Answer. No; space provided is only one-third as large as present need demands. Equipment unsatisfactory.

12. Question. Are the medical equipment and clinical arrangements satisfactory?

Answer. No; very unsatisfactory. See copy of report from department executive committee.

13. Question. Are the periods of hospitalization proper? Too long? Too brief?

Answer. No; too long because personnel is inadequate to give early examinations and proper treatments.

14. Question. Do patients feel they are required to remain in receiving wards too long before complete examinations and treatment are started?

Answer. Yes.

15. Question. How about cleanliness and neatness in the buildings and on the grounds?

Answer. Satisfactory in view of crowded conditions.

16. Question. Is it felt that the discipline and morale of the patients are satisfactory?

Answer. No. Because of shortage of attendants, delay in examinations, and overcrowded conditions in wards.

17. Question. Are the transportation facilities to and from the hospital adequate?

Answer. Yes; except for ambulance service. Ambulance is antiquated, prior to 1933 model.

18. Question. Is the contact service considered satisfactory and adequate by the American Legion?

Answer. No; need for full-time contact man and secretary.

19. Question. How does the ratio of patients to full-time physicians and surgeons, nurses, and attendants in the veterans' hospital compare to that in State, county, and municipal institutions?

Answer. Ratio of 1 in Veterans' Administration facility to 3 in State, county, and municipal institutions.

20. Question. Are the patients too crowded? Is there sufficient floor space per patient?

Answer. (a) Yes.

(b) No; floor space should be three times greater per patient.

21. Question. How do you find the discipline and morale of the hospital personnel? What are their complaints, if any?

Answer. (a) Unsatisfactory.

(b) Complaints based on inadequate pay, shortage of personnel, and poor supervision.

22. Question. What is your recommendation as to type and number of additional beds that may be required for the new load?

Answer. (a) Reception, clinical, infirmary, and isolation, 200.

(b) Suicidal, 80.

(c) Continuous treatment, 720.

Aggregate all beds, present and new, 2,000.

23. Question. What percentage of the patients are leaving the hospital against medical advice? Why?

Answer. Twenty percent due to family influences, delay in examinations, and lack of authority to retain patients against their own will when not legally committed.

24. Question. What percentage of patients without dependents leave the hospitals against medical advice due to the reduction in pension while being hospitalized?

Answer. Very small.

25. Question. Could better personal care be furnished with staff aide program of Waacs trained in hospital routine, thus relieving nurses for more important duties?

Answer. Doubtful. Male medical administrative assistance would help.

26. Question. Are there any complaints on the part of the patients regarding the lack of information given them as to their physical condition and advice as to future treatment upon being discharged from the hospital?

Answer. There is a general lack of information given to patients.

27. Question. What general or specific recommendations would you offer as to the medical treatment and hospital care of veterans in Veterans' Administration facilities?

Answer. (a) General substantial increase of salaries of hospital personnel, including medical.

(b) The addition of an executive assistant to the manager, under his personal direction, a part of whose duties would be investigations and inspections in order to eliminate superfluous and useless appointment of medical officers to serve on boards.

(c) The more frequent visits of central office supervisors to receive all constructive ideas and submit these to Washington, D. C. The records indicate a medical supervisor visited this facility in May 1942. The next visit by a medical supervisor was in March 1945. This indicates a lack of interest by central office in this facility.

(d) Facilities for the relatives of patients. A recommendation is made for construction of a building with adequate toilet accommodations to be used by relatives and visitors.

(e) There should be a minimum of 18 medical personnel for the present load. (See attached report for more details.)

[Attached report]

A special commander's hospital committee meeting was held in Gulfport, Miss., January 21, 1945, at the call of the State commander. The committee visited the United States veterans' facility at Gulfport and reports the following:

1. That the rated capacity of the hospital is 782 beds; that there are now in the hospital 915 patients.

2. That the buildings now located on the hospital grounds were poorly planned in their original conception and that additions that have been made from time to time appear to have been patchwork construction and no over-all planning for future development of the hospital, and as a consequence, there are conditions existing which are contrary to medical practice in operating on patients and the care and treatment of patients.

3. That the facilities for the personnel in the management of operation of the hospital are so arranged that it is a loss of effort, time, efficiency, and a danger to the life of employees and patients.

4. That the Administration facilities at this hospital are poorly arranged and though the facilities available are used to the best advantage, the existing space is such that efficiency cannot be maintained in the administration of the affairs of the hospital because of its being so disconnected as to location.

5. That the recreational facilities are altogether inadequate and such as are located at the hospital are antiquated, without sufficient equipment, and are



sufficient to care for only 200 patients and that there are no facilities provided for outdoor or indoor recreation of any kind whatsoever.

6. That the present equipment now in use at this hospital is old; dilapidated, worn out, unsafe and obsolete. It appears from the inspection that most of this equipment has long since been outmoded by modern medicine. We found from investigation and study that there is a constantly increasing demand for treatment and care in this hospital and from all of the facts available and from study and our personal knowledge of the existing conditions there will be a demand for facilities to treat, care for, and hospitalize more than 2,000 patients.

7. We recommend that immediate action be taken to correct the existing conditions in the Gulfport Hospital. That immediate action be taken to make plans to increase the bed capacity of this hospital to a minimum of 2,000 beds; that the hospital and its planned expansion project be made south of the Louisville & Nashville Railroad and that if additional property is needed, that same be acquired south of the railroad; and, that recreational facilities be expanded both indoor and outdoor, to correspond with a minimum bed space of 2,000 or more; and that all equipment and facilities be so modernized as to give unto the patients the best care and treatment which is their just due from a grateful government.

Committee: George W. Ditto, chairman; Dr. D. L. Hollis, Biloxi; Dr. A. C. Bryan, Meridian; Dr. H. C. Ricks, Jackson; J. U. Simmons, Gulfport; Luther W. Maples, Gulfport; E. E. Wedding, Gulfport; Joe Fleming, Meridian; R. D. Morrow, Jackson; R. H. DeKay, Jackson; Cecil Conerly, Jackson.

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DISABLED AMERICAN VETERANS,  
DEPARTMENT OF KENTUCKY.

After a careful survey and inspection of the United States Veterans' Hospital, Lexington, Ky., by this committee on Friday, April 6, 1945, the following findings are submitted:

1. Answer. None.
2. Answer. All complaints are investigated and taken care of promptly.
3. Answer. Far better than other hospitals in the State.
4. Answer. No; they do not feel that they have the authority that they desire.
5. Answer. The management is forced to accept any transfer from central office regardless of their qualifications.
6. Answer. No; the doctors and nurses are employed through the central office and it practically is an impossibility for the management to hire from his own district such personnel as librarians thereby depriving the facility of good and capable help which will not leave for some other hospital to serve in the same capacity. Attendants are hired through this facility.
7. Answer. Yes.
8. Answer. In this hospital, judging from past and present menus, what we observed and the meals that were served to the patients during our inspection are above the average, with a sufficient amount given.
9. Answer. After an investigation into abuses and so forth, we find that the attendant on these rare occasions was forced through self-preservation to use force for the protection of the patients. Some occasions the patient has brought harm to himself.
10. Answer. Yes. In this hospital there is only a certain amount of entertainment that the patients may indulge, but under the new building program there are enclosed handball, volley ball, and other games which will be played behind closed walls.
11. Answer. Canteen is satisfactory as these patients are not as a rule allowed the privileges of its use. The supplies are brought to the wards.
12. Answer. The majority of the equipment is obsolete and should be replaced with up-to-date equipment. We feel that there should be replaced all of the equipment which is at present which is not in line with the treatment of the patients.
13. Answer. This is a medical question. Committee not in a position to answer.
14. Answer. No.
15. Answer. Cleanliness and neatness is way above par.
16. Answer. Yes; for this type of hospital.
17. Answer. Yes.
18. Answer. Yes.

19. Answer. Ratio of doctors and nurses far above those in State institutions.
20. Answer. Only in one ward which is classified as the emergency ward.
21. Answer. Very good for this type of patients.
22. Answer. The committee feels that the management is in a better position to know of the amount of beds that will be needed in the future.
23. Answer. None that the management can recall.
24. Answer. Recommend that only skilled nurses be used, assisted by male attendants on the wards.
25. Answer. Quite a few. Quotations are not available.
26. Answer. No. The patients are given full and complete advice concerning future treatment after arrival home. The family is also notified the proper procedure to follow for the patient's best interests.
27. Answer. This committee recommends the following: Replacing of all doctors, nurses, supervisors, and attendants who become dissatisfied with their present position. Doctors who are assigned to this facility without their consent cannot foresee any chance for advancement and therefore become very dissatisfied, in these cases it is highly recommended that they be replaced for the best interests of the management and the patients. Recommend that something be done about the present condition of overcrowding of the out-patients prior to their examinations; this hospital averages 30 examinations a day and it is practically impossible to give each individual seating space to await his examination. To relieve some of the duties of the doctors who are considered to be overloaded with work, so that they may give prompt and efficient service. To allow the management the authority to hire a capable and competent person within the district of the facility, thereby acquiring experienced help who would not leave their own home limits. Recommend that after an employee is found to be below the standard required for the fulfillment of the position in which he or she had been placed through the central office, that the red tape of the central office be eliminated and the person who is found to be below the standard relieved of their duties immediately for the best interests of all concerned. We do not feel that anyone should be retained in any position if they are not qualified. When any complaints arrive before the management, a careful investigation should be made immediately before a board and cleared up as soon as it is possible to do so, and if any statements are made by the employees there should not be any restrictions placed on the one who gives the testimony. We do not think where grounds exist for the transfer of a person from one station to another, instead of making transfer, this person should be dismissed from the service in the Veterans' Administration as soon as it is possible to do so.

R. J. TRANTHAM,  
J. HANLEY CARTER,  
LEE R. LYONS,

*Committee.*

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DISABLED AMERICAN VETERANS,  
DEPARTMENT OF KENTUCKY.

After a careful survey and inspection of the United States Veterans Hospital, Outwood, Ky., by this committee on Saturday, March 31, 1945, the following findings are submitted:

1. Answer. None of great importance.
2. Answer. All complaints are taken care of promptly.
3. Answer. Far better than other hospitals in this State.
4. Answer. No.
5. Answer. They are designated from central office to this facility, earmarked for special duty regardless of qualifications. If management wishes to place doctor in position to be of greater service to both patient and facility, it is impossible to do so, as his original papers or transfer reads for special duties. It is the opinion of this committee that the manager should have the authority of placing the personnel where they will be to the best advantage to all concerned.
6. Nurses and doctors are employed through the central office and designated to this facility. Employees are hired locally which is satisfactory.
7. Answer. Yes.
8. Answer. In this hospital the food is satisfactory. Kitchens and utensils were clean. The food properly prepared.
9. Answer. None under the present administration.

10. Yes. The recreational program is in line with the TB program. Due to the isolation of this hospital, it is practically impossible to get talented entertainers. Suggest that entertainers of merit be contacted for the patients of this facility.

11. Answer. Major complaints are the lack of articles; prices seem to be satisfactory. The committee recommends that the canteen be run by the Veterans' Administration or the canteen be given priority for the purchasing of articles the patients desire and need.

12. Answer. Yes; but some of the equipment is obsolete.

13. Answer. Hospital committee unable to determine this answer; we feel that this is a medical question.

14. Answer. No.

15. Answer. Good.

16. Answer. Yes.

17. Answer. Yes.

18. Answer. Yes.

19. Answer. By far less patients per doctor and nurses than in the State institutions.

20. Answer. Yes; from observation; yes.

21. Answer. Morale is fine; no complaints.

22. Answer. Will need facilities to accommodate at the least five times as large as the present facility.

23. Answer. Approximately 50 percent for various reasons other than management.

24. Answer. In this individual hospital we do not recommend the use of unskilled or untrained personnel. Recommend that only registered nurses be used.

25. Answer. Very large percent.

26. Answer. This personnel gives full and complete advice regarding future treatment after arrival home.

27. Answer. More modernization of this hospital. Have centrally located building to take care of bed patients. It has been found by the committee that a number of times complaints and charges had to be preferred against doctors and nurses for neglect and abuse to patients, and invariably when such charges were proven the doctor or person involved was transferred to another station, thereby continuing in his own willful way. It is our strong belief that when grounds exist for the transfer of a person from one station to another, instead of making transfer, this person should be dismissed from service in the Veterans' Administration.

R. J. TRANTHAM,

D. A. PRESLEY,

FRED RADFORD,

*Committee.*

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REPORT OF SURVEY OF UNITED STATES VETERANS' FACILITIES, ALEXANDRIA, LA., AS  
MADE BY THE DISABLED AMERICAN VETERANS HOSPITAL INVESTIGATION COMMITTEE,  
APRIL 4, 1945

ANSWERS TO THE 27 QUESTIONS

1. Answer. Yes. TB wards have not sufficient attendants and nurses at night.

2. Answer. Yes. They are endeavoring to secure additional nurses and attendants.

3. Answer. The United States Veterans' Administration facilities are far superior.

4. Answer. Yes.

5. Answer. No.

6. Answer. None for doctors. Nurses and attendants; yes.

7. Answer. Yes. At least one staff meeting each week. Special cases discussed.

8. Answer. Sterilizer not mechanically in good shape. Many complaints justified regarding quality and preparation of food.

9. Answer. None.

10. Answer. Yes. At this time.

11. Answer. Yes.

12. Answer. Yes. New X-ray and dental center authorized.

13. Answer. No complaints. Period in keeping with proper treatment and maximum benefit.



14. Answer. No complaints. Records show approximately 3 days. Case history: X-ray, Wassermann, and general examination.

15. Answer. Very good.

16. Answer. Discipline very high. Morale in TB wards is low.

17. Answer. No. One bus per hour. Public conveyance. Another station wagon needed.

18. Answer. Yes.

19. Answer. Superior.

20. Answer. (1) No. (2) Yes.

21. Answer. Nurses have served 2 years without annual leave. They are overworked. The patients state that Head Nurse McCann is too severe with cadet nurses and others, causing nurses to leave the service. Suggest investigation by representative, central office of nurses who have left.

22. Answer. Approximately 1,000 additional beds, general medical and surgery. No. TB.

23. Answer. TB patients, approximately 20 percent. Homesickness and reduction of compensation. Veterans of both wars.

24. Answer. No. Colored maids are at present employed to relieve nurses of many duties.

25. Answer. High percentage. Very difficult to determine.

26. Answer. None.

27. Answer. We believe that medical treatment, hospital care, and the morale of the patients would be greatly improved if hospitals were built to care for tubercular patients. We recommend that the TB patients in the United States Veterans' facility at Alexandria, La., be moved to a TB hospital, construction of which should be under way as soon as is reasonably possible and that the space, thus released, be utilized for general medical and surgery patients. We believe that the nurses, doctors, and attendants should be given equal status, pay, and allowance as those in the Army service assigned to United States Veterans' Administration facilities. We believe that a study should be made of the pay schedule allowed employees of United States veterans' hospitals with the idea in view of making employment at these institutions more attractive.

We further recommend that the Veterans' Administration insist on the necessary priority for food and that immediate steps be taken to provide adequate meals for patients hospitalized in the facility.

Your committee feels that the veterans, treated at the Alexandria facility are fortunate in having the type of manager as Dr. T. F. Moore, who understands the problems of the veterans and whose sympathy is always for the welfare of the serviceman. We appreciate his courtesy and cooperation in the conduct of this survey.

WALTER C. ESMOND,

*State Commander, Department of Louisiana,*

*Disabled American Veterans, Chairman.*

ROLAND A. NEYREY,

*National Service Officer,*

*Disabled American Veterans, Committeeman.*

ROBERT M. FLOYD,

*Department Chief of Staff,*

*Disabled American Veterans, Committeeman.*

ANSWERS TO THE 27 QUESTIONS, THE RESULT OF THE HOSPITAL SURVEY AT TUGU'S, MAINE, REQUESTED BY MILTON D. COHN, COMMANDER OF THE DISABLED AMERICAN VETERANS, WASHINGTON 4, D. C.

1. Answer. Yes. Inattention and lack of proper care from the hospital personnel. Possibly due to grade of personnel, indifference, overwork (due to great amount of paper work), lack of cooperation between facility management and medical men.

2. Answer. Apparently none.

3. Answer. In my opinion the veterans' facility hospital here is superior inasmuch as the State, county, and municipal institutions are at this time struggling along understaffed.

4. Answer. No. This answer given by the facility manager.

5. Answer. Yes. Requests from the central office not granted.

6. Answer. No. This answer given by the facility manager.

7. Answer. Encouragement perhaps but this facility too far removed from available clinical meetings, symposiums, medical lectures, etc.
8. Answer. No definite complaints.
9. Answer. Some rumors of abuse of the patients in the locked NP wards at the hands of the enlisted Army attendants.
10. Answer. No.
11. Answer. Yes.
12. Answer. No.
13. Answer. Too long in most cases at the general medical hospital.
14. Answer. No; not at this time. Much improvement on this in recent weeks.
15. Answer. Very good.
16. Answer. The discipline is good, although somewhat forced. Morale, questionable.
17. Answer. No.
18. Answer. Yes.
19. Answer. Favorable.
20. Answer. Not crowded; sufficient floor space at this time.
21. Answer. Discipline is normal, morale questionable.
22. Answer. Unable to say.
23. Answer. For the past 11 months, ending April 29, 1945, the percentage of against-medical-advice discharges, compared to all discharges, about 11 percent. They have been higher during the past month.
24. Answer. Definitely yes.
25. Answer. Unable to say. The percentage is small.
26. Answer. Comparatively few.
27. Answer. At Togus, Maine, a much more adequate social-service department and a much more adequate occupational-therapy department, and as the NP wards are now filling up 24-hour hydrotherapy treatments, rather than 8 hours. Civilian attendants in the NP wards rather than Army attendants.

R. M. HOPPIN.

DISABLED AMERICAN VETERANS,  
DEPARTMENT OF MASSACHUSETTS,  
Boston, Mass., May 16, 1945.

Commander MILTON D. COHN,

*Disabled American Veterans, National Service Department,  
Washington, D. C.*

DEAR NATIONAL COMMANDER: Pursuant to your request of March 21, 1945, a department hospital investigating committee was appointed, and respectfully submits this report.

The committee consisted of Laurence Curtis, department commander, chairman; Leon Chase Waite, department adjutant; Francis J. Roche, department senior vice commander; Arthur G. Gray; department hospital chairman; Harold V. Snell, national service officer.

There are four veterans' hospitals in this State—two NP hospitals, Northampton and Bedford; one TB hospital, Rutland; and one general hospital, West Roxbury.

In this State the other two veterans groups preferred to make independent investigations, so this report has been prepared by this committee independently.

Because of this, and because your committee became convinced that the standard of medical care is the most important question, it made a special effort to investigate and make recommendations as to this. It consulted leaders in the medical profession hereabouts. Its findings on this are stated first, although they are in answer to the last question submitted, question 27.

#### FINDINGS AND RECOMMENDATIONS AS TO THE STANDARDS OF MEDICAL CARE IN THE VETERANS' HOSPITALS IN MASSACHUSETTS

The most important finding of your committee is that changes of a fundamental nature in the administration of veterans' hospitals are needed to improve the standards of medical care. It felt that no group of laymen visiting these hospitals could determine what really needs to be done, but that there were qualified medical people whose opinions would be of value. It therefore sought the best advice possible, and consulted with doctors, singly and at a group conference,

who are leaders in their fields, experienced in hospital administration, and familiar with veterans' hospital administration.

As a result of such advice your committee makes the following findings and recommendations:

1. That the standards of medical care in the veterans' hospitals of this State are not as high as they should be.

2. That this is largely due to certain defects in organization and administration, as discussed below.

3. That the most important factor in the standard of medical care is the quality of the doctors; that under the present system of administration it is difficult to secure the services in the veterans' hospitals of the best qualified doctors; that the present system of employment through civil-service appointments should be radically changed and provision made for care of veterans by a medical corps of high standing, either through the establishment of such a corps for the purpose or by the extension to this field of the existing Army and Navy Medical Corps.

4. That in order to keep the standards of medical care in veterans' hospitals abreast of the most advanced developments and to promote the continued training and improvement of the doctors, the policy should be adopted of locating veterans' hospitals when possible in the vicinity of medical centers where contact can be maintained with other hospitals and with medical schools.

5. That further opportunities should be given to veterans' hospital doctors to engage in postgraduate study and research.

6. That provision should be made where possible for association between veterans' hospitals and teaching institutions.

#### ANSWERS TO QUESTIONS SUBMITTED

Annexed hereto is a tabulation of answers received from the four veterans' hospitals in this State. It appeared to your committee that these answers were dependent on facts received from the managers.

Questions 1, 2, 8, 9, 14, and 26 regarding complaints of patients are not covered in this report. In view of the fact that there were in this State three independent investigations by the three major veterans' groups, your committee decided that it could accomplish more benefit by emphasizing questions relating to medical care. The views of patients called for in these questions are familiar to those close to veterans hospital work; and it was felt that to have three groups seeking their views might be disturbing. If further report on these questions is desired, it will be submitted.

Questions 13, 15, 16, 18, and 21 calling for opinions regarding certain aspects of the conduct of the hospitals are largely covered in the above statement as to standards of medical care. Your committee finds that the hospitals are on the whole reasonably neat, clean, and well run, and that, as stated, the big problem is to secure a higher standard of medical care.

#### FURTHER CONSTRUCTION NEEDED

Your committee is convinced that adequate facilities have not been provided. The answers to questions 20 and 22 tell part of the story. The overcrowding of acute cases at Bedford is conspicuous. When there is no room for patients in local hospitals they are sometimes sent to distant points, as for example Togus, Maine. Similarly, patients from other States are sometimes sent to Massachusetts hospitals due to overcrowding in their own States. This necessity of hospitalization far from home is one of the bad results of lack of sufficient facilities.

Your committee obviously has not the facts at its disposal to estimate future loads or recommend future needed construction. It does, however, state emphatically that further facilities should be provided at once; and it recommends that if the overcrowding becomes more serious the Bureau should not wait upon new construction but should adopt emergency measures through the adaptation of existing premises to hospital use or through temporary construction.

The insufficiency of facilities is particularly hard on non-service-connected cases and on older veterans from World War I. Others are given preference. One result is that these cases are forced into State institutions. In this State there are large numbers of veterans cared for in the Chelsea Soliders Home and in the State mental hospitals. It is believed that under the Federal law their hospitalization is a responsibility of the Federal Government whether their ill-



are service-connected or not. Your committee was also surprised to be informed that when non-service-connected NP cases are hospitalized in State mental hospitals, the State receives no reimbursement from the Federal Government.

Respectfully submitted.

LAURENCE CURTIS.  
LEON CHASE WAITE.  
FRANCIS J. ROCHE.  
ARTHUR G. GRAY.  
HAROLD V. SNELL.

[Annexed to Massachusetts Hospital investigating committee report by letter of May 16, 1945, to national commander]

TABULATION OF ANSWERS RECENTLY RECEIVED FROM FOUR MASSACHUSETTS VETERANS' ADMINISTRATION FACILITIES—NORTHAMPTON, BEDFORD, RUTLAND, WEST ROXBURY

4. *Do the manager, chief medical officer, and/or clinical director feel they have sufficient authority to run the hospital as efficiently as they might desire?*

Northampton: Yes.

Bedford: Yes.

Rutland: Yes.

West Roxbury: (Summarized.) Yes. However, there is certain work of a clerical nature which under present regulations must be performed by physicians and nurses. They could devote more time to patients if these duties could be assigned to other personnel.

5. *Do they feel that there are undue restrictions and regulations under which they must function? If so, kindly specify in what way.*

Northampton: No.

Bedford: Restrictions are not serious, but many of the regulations require an excessive amount of time of doctors and nurses in performing nonprofessional clerical duties, which could as well or better be rendered by clerks under the supply or finance sections.

Rutland: Yes.

West Roxbury: Refers to and reiterates answer to question 4.

6. *Do they feel they have sufficient authority and latitude to employ competent doctors, nurses, and attendants?*

Northampton: Doctors are assigned: nurses formerly were, but in the emergency local recruiting is also permitted. Attendants are employed locally, but demand exceeds the supply.

Bedford: Same.

Rutland: Same, but comments: "There is no doubt that it would be better from the standpoint of the facility for the doctor to be passed upon by the head of the facility prior to his assignment."

West Roxbury: Similar, but adds: "In the attendant group pay is low and it is difficult to hire men to act as attendants. Nurses' pay compares favorably with nurses' pay elsewhere. One difficulty about nurses is that they object to being moved from one station to another, possibly away from the community where they have lived most of their lives. This also applies to physicians, and physician's pay is relatively low as compared with what he could obtain in outside practice. Many of the physicians employed by the Veterans' Administration seek such employment because opportunities to practice good medicine are excellent with the Veterans' Administration and many also like institutional work."

7. *Do they have encouragement and support in research, in participating in clinical meetings, symposiums, medical lecture courses, etc.?*

Northampton: They are encouraged and supported in research and urged to do special work along these lines.

Bedford: There has been no great encouragement in the conduct of research; in fact the doctors do not have any time for research, and there has never been sufficient personnel, laboratory or clerical, to permit carrying on research. Doctors cannot attend clinical meetings on official time without approval of central office. Courses are given from time to time at selected points by the Veterans' Administration, but few have been able to take advantage of them.

Rutland: The various members of the staff are encouraged to attend clinical meetings, etc., within the immediate locality. It is my firm belief that the medical activities of the Veterans' Administration would be greatly improved and the doctors kept up to date in their medical education if periodical refresher courses were a requirement for everybody rather than a few selected individuals. This should include not only the members of the staff but those occupying all key positions (medical).

West Roxbury: There is one clinical meeting a week attended by the entire hospital staff. There is no research except by individuals on the staff who may be interested in different phases of medical work.

*10. Are the recreational facilities adequate?*

Northampton: Yes.

Bedford: Yes; but plans for the future should provide a baseball field and possibly a golf course.

Rutland: Yes.

West Roxbury: Yes.

*11. Is the canteen service satisfactory, and are the prices charged veterans reasonable? If not, please describe.*

Northampton: Has post exchange, but no canteen.

Bedford: Yes.

Rutland: Yes.

West Roxbury: Yes.

*12. Are the medical equipment and clinical arrangements satisfactory?*

Northampton: Yes.

Bedford: Yes.

Rutland: Yes.

West Roxbury: Yes.

*13. Are the periods of hospitalization proper? Too long? Too brief?*

Northampton: Periods controlled by manager and staff.

Bedford: All patients psychotic, therefore periods are longer.

Rutland: Yes; provided patients remain to complete hospitalization.

West Roxbury: Periods vary. There are increasing numbers of chronic cases. Many could be cared for at home except for financial difficulty. As we cannot treat a non-service-connected disability in the out-patient department, if a patient requires dressings changed once a day, it is usually necessary to keep him in the hospital until the wound is entirely healed. Since the Veterans' Administration accepts the responsibility originally, the patient must be kept until he is completely well. "This also applies to medical cases such as peptic ulcer, heart disease, arthritis, etc. Many of this type of patient are kept in the hospital when they could be carried satisfactorily on an out-patient basis."

*17. Are the transportation facilities to and from the hospital adequate?*

Northampton: Yes.

Bedford: Transportation facilities are very poor. Hospital situated 16 miles from Boston. Requires 1½ to 2 hours by commercial transportation, with a mile walk from Bedford Center unless bus entering hospital grounds is taken.

Rutland: Yes.

West Roxbury: Hospital rather distant from central Boston. Patient transportation satisfactory. Rather distant for out-patients and visitors.

*19. How does the ratio of patients to full-time physicians and surgeons, nurses, and attendants in the veterans' hospital compare to that in State, county, and municipal institutions?*

Northampton.

Doctors:

Northampton State Hospital..... 1-237

Veterans' Administration facility, Northampton..... 1-110

Nurses:

Northampton State Hospital..... 1- 30

Veterans' Administration facility, Northampton..... (reg'istered) -- 1- 35

Attendants:

Northampton State Hospital..... 1- 30

Veterans' Administration facility, Northampton..... 1- 6

Bedford.

**Doctors:**

Massachusetts State Hospital	1-450
Veterans' Administration facility, Bedford	1-150

**Nurses:**

Massachusetts State Hospital	1-150
Veterans' Administration facility, Bedford	1- 37

**Attendants:**

Massachusetts State Hospital	1- 15
Veterans' Administration facility, Bedford	1- 8

Rutland: Ratio compares favorably. No figures given.

West Roxbury: Ratio is higher than State, county, or municipal institutions. No figures given.

*20. Are the patients too crowded? Is there sufficient floor space per patient?*

Northampton: Overcapacity, but not overcrowded.

Bedford: Official capacity, 1,616; patients April 9, 1945, 1,741. Tendency to overcrowding on the acute and infirmary services. Three-side ventilation in most dormitories, but bed space too close for psychotic patients.

Rutland: Standard bed capacity, 497; highest, 507; now 489. No overcrowding.

West Roxbury: Originally planned bed capacity, 320. Emergency capacity of 386 can be achieved without overcrowding; now about 386.

*22. What is your recommendation as to type and number of additional beds that may be required for the new load?*

Northampton: Construction in process for about 200 infirmary beds. Have requested 200 beds for acute patients, 200 beds for mental patients suffering from pulmonary tuberculosis. Later will probably require 400 to 600 additional beds for continued treatment and convalescent cases.

Bedford: At least two additional buildings with a total of at least 350 beds should be provided for immediate future.

Rutland: Central office has approved erection of a new building to house 150 patients, to begin construction shortly after July 1 this year. It is believed that with these additional beds will be able to accommodate TB patients from this area.

West Roxbury: Plans under way to enlarge hospital to 750 to 800 beds will be sufficient for present demands. Because of the increase in the number of chronic cases who apply for care for longer periods and with increased demand for beds from those who will be discharged from the service, it is felt that the need will outgrow present capacity within 4 or 5 years.

*23. What percentage of the patients is leaving the hospital against medical advice? Why?*

Northampton: Approximately 13 percent during 1944. Many times the families, especially of men who have been overseas for many months, refuse to wait until the examinations are completed. If we find them not dangerous to themselves or others, they are discharged against medical advice.

Bedford: Approximately 14 percent during 1944.

Reasons: Insistence of relatives who maintained they were not in need of hospital care. All were young World War II veterans discharged by the Army direct to Bedford.

Rutland: Approximately 43 percent (against medical advice, a. w. o. l.) in 1944.

Reasons: Monetary benefits less in hospital; insufficient knowledge of their pulmonary TB; pressure from relatives; not prepared for prolonged hospitalization by Army medical personnel; refusal to accept fact of illness because of general well-being and lack of pain; inability to adjust to hospital routine; adverse hospital publicity.

West Roxbury: Approximately 2.6 percent during 1944. (Includes those discharged for infraction of rules and regulations.)

Reasons: 16 left against medical advice, as they preferred to go to their own private physician and be treated at home or at another hospital; 10 discharged for infraction of rules; 40 discharged for failure to return from pass or leave of absence.



24. *Could better personal care be furnished with staff-aide program of Waes trained in hospital routine, thus relieving nurses for more important duties?*

Northampton: No. This facility has not been short of nurses.

Bedford: Yes; about 15 to 20 selected Waes would be advantageous.

Rutland: Yes; provided they are trained.

West Roxbury: Additional personnel to do clerical work on the wards would be a great benefit as it would release physicians and nurses for the care of the patients. Persons also trained to fulfill the duties that are being done by nurses' aides also would be a great help.

25. *What percentage of patients, without dependents, leave the hospitals against medical advice, due to their reduction in pension while being hospitalized?*

Northampton: None.

Bedford: None. Reduction of pension never a factor.

Rutland: Very small.

West Roxbury: Not known, as percentage discharged against medical advice or a. w. o. l. is very low.

MAY 1, 1945.

#### VETERANS' ADMINISTRATION FACILITY, DEARBORN, MICH.

1. Question. Are there any general or specific complaints on the medical treatment and hospital care received by the patients? If so, please describe briefly.

Answer. Due to shortage of laboratory technicians, patients are kept in the receiving ward for too long a period before being assigned to a ward for specific treatment.

2. Question. Has remedial action been taken by the Veterans' Administration in these cases or others which may have been previously reported?

Answer. No.

3. Question. What is your opinion of the relative standards of treatment in the veterans' hospitals as compared to the State, county, and municipal institutions in the same area?

Answer. The Veterans' Administration Facility, Dearborn, Mich., is not on a par with such State institutions as the University Hospital at Ann Arbor, Mich., or the Seymour Hospital at Eloise, Mich. It is on a par, however, or superior to such institutions as the receiving hospital, city of Detroit. If the Dearborn facility was furnished with adequate hospital attendants, laboratory technicians, and other help, it would be on a par with county, State, and municipal institutions with the exception of those mentioned above.

4, 5, 6, and 7. Answers are contained on the attached sheet.

8. Question. What definite complaints, if any, are there as to the quality, quantity, variety, and preparation of food in the veterans' hospitals?

Answer. Under existing conditions we cannot complain upon the quality, quantity, and variety of food; however, the food served to bed patients is usually cold or lukewarm. Many patients on specific diets believe the food could be more varied. Would suggest a different method or different apparatus that would keep food warm when served the bed patients. There are no complaints insofar as the patients are concerned who eat in the dining room.

9. Question. Have there been or are there any specific cases of alleged abuse or neglect of patients?

Answer. Patients remaining an unreasonable length of time in the admitting ward feel they are neglected—particularly if they are admitted for surgery—due to the fact that the shortage of help and the heretofore mentioned laboratory technicians necessitates quite a period of time before their clinical charts can be prepared and they are admitted to other wards for either surgery or general treatment.

10. Question. Are the recreational facilities adequate?

Answer. No. In this facility patients are not permitted outside of the hospital even though they are convalescent. World War II veterans feel this restriction is unreasonable. Immediate arrangements should be made for the outside construction of shuffleboard courts, horseshoe courts, etc., so that the patients physically able can use these during the summer months. Arrangements should also be made so that some wheel-chair patients could be taken out on the grounds under the supervision of attendants.

11. Question. Is the canteen service satisfactory, and are the prices charged veterans reasonable? If not, please describe.

Answer. Quarters allotted the canteen service are far too small. Prices up to the present time of food and other articles are reasonable.

12. Question. Are the medical equipment and clinical arrangements satisfactory?

Answer. Medical equipment, such as X-ray, physiotherapy, etc., is satisfactory. Dental clinic is inadequate as to the sufficient number of personnel needed to service an area of this size. In the laboratory there is an insufficient number of technicians. An additional pharmacist is required in the pharmacy.

13. Question. Are the periods of hospitalization proper? Too long? Too brief?

Answer. Under existing circumstances the periods of hospitalization are satisfactory. Should additional help, such as attendants, etc., be secured immediately, periods of hospitalization of many patients could be shortened.

14. Question. Do patients feel they are required to remain in receiving wards too long before complete examinations and treatment are started?

Answer. Yes. Due to conditions mentioned above.

15. Question. How about cleanliness and neatness in the buildings and on the grounds?

Answer. Due to lack of attendants and other personnel, the hospital is not as clean as it should be.

16. Question. Is it felt that the discipline and morale of the patients are satisfactory?

Answer. Close confinement because of lack of recreational facilities, including outdoor privileges, has reduced morale of patients, particularly those of World War II.

17. Question. Are the transportation facilities to and from the hospital adequate?

Answer. No. It takes approximately 1½ hours to travel from metropolitan Detroit to the Veterans' Administration Facility, Dearborn, Mich. Shuttle busses should be furnished making regular trips to and from downtown Detroit.

18. Question. Is the contact service considered satisfactory and adequate by the DAV?

Answer. Yes, considering the number of new employees.

19. Question. How does the ratio of patients to full-time physicians and surgeons, nurses, and attendants in the veterans' hospital compare to that in State, county, and municipal institutions?

Answer. Nurses and doctors favorable. Attendants, unfavorable. In our opinion this is due to the extremely low pay by the Veterans' Administration for attendants and medical personnel.

20. Question. Are the patients too crowded? Is there sufficient floor space per patient?

Answer. On the basis of a waiting list larger than the capacity of the hospital, conditions are not crowded to the extent that in any way affect the care and treatment of the patients.

21. Question. How do they find the discipline and morale of the hospital personnel? What are their complaints, if any?

Answer. The morale of the hospital personnel is not satisfactory at the present time because of the low salary of pay in all divisions. Doctors, nurses, attendants, technicians, office help can all secure larger salaries in outside work.

22. Question. What is your recommendation as to type and number of additional beds that may be required for the new load?

Answer. In checking the records for the year 1944, it is our estimate that the necessary number of beds to handle the present and anticipated load in this facility is as follows: 2,500 general medical and surgical; 400 tuberculosis; the quantity of neuropsychiatric beds is unknown, but based upon all information we can secure between 7,000 and 8,000 additional neuropsychiatric beds will be necessary.

23. Question. What percentage of the patients are leaving the hospital against medical advice? Why?

Answer. According to 1944 hospital records, 96 against medical advice (17 from receiving service for the reason that they were retained in the receiving service too long); 162 absent without official leave (84 from receiving service).

24. Question. Could better personal care be furnished with staff-aide program of Wacs trained in hospital routine, thus relieving nurses for more important duties?

Answer. Yes.

25. Question. What percentage of patients without dependents leave the hospitals against medical advice due to the reduction in pension while being hospitalized?

Answer. Correct figures not available, but from direct contacts many wish to leave and do leave because of hardships inflicted by the reduction of pension. In our opinion, patients, both service-connected and those in receipt of permanent and total non-service-connected pension, should receive the full amount of pension allotted to them, regardless if they have dependents or not.

26. Question. Are there any complaints on the part of the patients regarding the lack of information given them as to their medical condition and advice as to future treatment upon being discharged from the hospital?

Answer. Yes; as to information regarding their medical condition while hospitalized. No; as to future treatment after discharge.

27. Question. What general or specific recommendations would you offer as to the medical treatment and hospital care of veterans in Veterans' Administration facilities?

Answer. (1) Return to civilian status as soon as practicable by all doctors now operating as commissioned officers.

(2) Upward revision in salaries of entire hospital personnel.

(3) Medical Corps within the Veterans' Administration or some other practical program which would attract competent progressive doctors and surgeons.

(4) More recreational facilities, including outdoor privileges.

(5) Due to the paper work each ward physician is required to handle without proper assistance, it is advised that proper stenographic help be secured to assist the ward physicians in preparing medical reports.

(6) Sufficient number of laboratory technicians to handle both the hospital and out-patient load efficiently.

(7) Simplification of rules and procedures.

(8) Immediate securing of necessary attendants and reopening of fourth-floor wing giving to this facility 65 additional beds now vacant due to lack of attendants. An additional pharmacist and dentist should also be secured.

(9) Designated dentists should be approved to operate on a fee basis in this area.

(10) A new recreational aide should be secured. At the present time the one functioning here, although sincere in her efforts, is not progressive enough or of the right temperament to satisfy the veterans in the Dearborn facility.

Note.—The treatment afforded to veterans who have tuberculosis at this facility is not satisfactory, particularly non-service-connected cases. The State of Michigan, in our opinion, is being discriminated against in comparison with the treatment given tuberculosis cases in other States. Records will show that many cases of active tuberculosis have applied at this facility for hospitalization; the applications have been sent to various Veterans' Administration facilities where the proper tuberculosis care and treatment could be given, such as Sunmount, N. Y., and Wood, Wis., and in many instances it has taken from 3 to 4 months before hospitalization could be secured and authorized for these veterans.

Arrangements should be made immediately to the effect that the chief medical officer and the chief of out-patient and receiving at this facility would have some method of securing immediate hospitalization for non-service-connected emergency tuberculosis cases. Where an emergency tuberculosis case develops, the veteran can be admitted to this facility, but because of lack of proper facilities, equipment, space, etc., the treatment is not satisfactory. We, therefore, recommend the immediate erection of a 400-bed tuberculosis hospital on property adjacent to the Dearborn facility that Henry Ford is willing to donate. Records will show that the State of Michigan has never had adequate Veterans' Administration general medical and tuberculosis facilities.

GATLEY E. SHELL,

*Department Commander, Disabled American Veterans.*

SYDNEY J. ALLEN,

*National Service Officer.*

MAURICE D. COLE,

*Department Commander.*

JOSEPH W. MAVIS,

*Veterans of Foreign Wars.*

HORACE C. PARRISH,

*American Legion.*



ANSWER TO QUESTIONS 4, 5, 6, AND 7 BY MR. GUY F. PALMER, MANAGER OF THE  
VETERANS' ADMINISTRATION FACILITY, DEARBORN, MICH.

Managers should be given authority to establish and fill temporary positions where the need therefor has been determined as qualified eligibles become available. For instance, in connection with providing personnel to make available 110 additional hospital beds, the establishment of a position of cook, CPC-4, was requested. We have received inquiries from four very well qualified cooks in recent months, two of whom are disabled veterans of World War II. Delays in establishing positions which have been requested result in loss of available personnel. This is particularly true of cooks, who receive an average salary of \$60 per week in this locality.

Delays in securing approval of an applicant for filling a centralized position have also resulted in loss of qualified eligibles. If field offices were permitted to process all applications through the nearest regional office of the Civil Service Commission and place the eligible on duty, we would be in a position to avail ourselves of the services of well-qualified applicants. For instance, a very well-qualified assistant laboratorian in bacteriology was available to fill a vacancy at this station. The application was submitted to central office for determination as to eligibility. One month later a letter was received authorizing employment. That day a telephone call to the applicant revealed that she had become tired of waiting to hear from us and had accepted another position at a salary in excess of that offered by this facility and within walking distance of her home. Had we been able to employ her within a few days of the original contact, the position would have been filled.

There is sufficient authority to appoint nurses and attendants.

SYDNEY J. ALLEN,  
*Disabled American Veterans.*

JOSEPH W. MAVIS,  
*Veterans of Foreign Wars.*

HORACE C. PARRISH,  
*American Legion.*

## ANSWERS TO QUESTIONS 4, 5, 6, AND 7 BY P. A. WATERS, LIEUTENANT COLONEL, MEDICAL DEPARTMENT, CHIEF MEDICAL OFFICER OF THE VETERANS' ADMINISTRATION FACILITY, DEARBORN, MICH.

4. Question. Do the manager, chief medical officer, and/or clinical director feel they have sufficient authority to run the hospital as efficiently as they might desire?

Answer. The chief medical officer does not feel that he has sufficient authority to run the hospital as efficiently as he might.

5. Question. Do they feel that there are undue restrictions and regulations under which they must function? If so, kindly specify in what way.

Answer. The chief medical officer feels that there are undue restrictions and regulations under which he must function. This has to do specifically with personnel, authorization of the various medical activities, and prosthetic appliances which are not under contract; the use of contract or noncontract hospitals whose fees are in excess of the fees schedule. More specifications might be found if there were sufficient time to thoroughly consider every function of the chief medical officer.

6. Question. Do they feel they have sufficient authority and latitude to employ competent doctors, nurses, and attendants?

Answer. The chief medical officer has no authority or latitude relative to the employment of doctors, the assignment being entirely centralized.

7. Question. Do they have encouragement and support in research, in participating in clinical meetings, symposiums, medical lecture courses, etc.?

Answer. The medical staff does not feel that they have encouragement and support in research, in participating in clinical meetings, medical lecture courses, etc. Assignment to such courses is done by central office and can only be made if the station can get along without the services of the individual assigned and he, in turn, must pay all expenses incident to such assignment. Instructions relative

to the curtailment of leave at the present time preclude individual medical officers from attending such courses. Special courses of instruction in various specialties are practically nonexistent at this time in the Veterans' Administration.

SYDNEY J. ALLEN,  
*Disabled American Veterans.*

JOSEPH W. MAVIS,  
*Veterans of Foreign Wars.*

HORACE C. PARRISH,  
*American Legion.*

RECOMMENDATIONS OF THE SERVICE OFFICERS OF THE VETERANS OF FOREIGN WARS OF THE UNITED STATES, DISABLED AMERICAN VETERANS, AND AMERICAN LEGION TO QUESTIONS 4, 5, 6, AND 7

4. The hospital staff be rearranged providing for competent specialists in each branch of medicine and surgery, particularly orthopedic and brain surgery.

5. Authority should be granted to call in consultants when indicated.

6. It is believed that a ward surgeon should not be expected to take care of more than 40 patients in a general medical hospital. At the present time each ward surgeon has approximately 65 patients.

7. The manager should have authority to make final decisions, so that you would not have a repetition of the very disappointing experience of furnishing housing for military attendants. There is entirely too much delay between the date the manager makes the recommendation to central office and approval is granted.

8. While no comment has been specifically requested regarding out-patient treatment, the situation here is very bad. A veteran requiring out-patient treatment is forced to spend from 2 to 4 hours on public transportation and lose considerable time from work. It is believed that medical fees should be increased so that private physicians throughout the metropolitan area would treat service-connected cases. The present fees are entirely out of keeping with present-day conditions. If this suggestion is not accepted, then the Veterans' Administration should comply with our answer to question 17, to furnish busses making regular trips to and from downtown Detroit. The veterans and their families are very critical of the present policy insofar as out-patient treatment is concerned.

SYDNEY J. ALLEN,  
*Disabled American Veterans.*

JOSEPH W. MAVIS,  
*Veterans of Foreign Wars.*

HORACE C. PARRISH,  
*American Legion.*

VETERANS' ADMINISTRATION FACILITY, FORT CUSTER, MICH.

We have visited the Veterans' Administration Facility at Fort Custer, Mich. Our survey was not complete or sufficient enough to warrant any definite recommendations similar to the suggestions and questions given concerning the Veterans' Administration Facility, Dearborn, Mich.

We have received very few complaints on the Veterans' Administration Facility, Fort Custer, Mich., recently, with the exception of the difficulty in having mental patients admitted, especially non-service-connected cases. This condition presents a serious problem.

We understand the Fort Custer Facility has more patients than was originally contemplated for the present space. However, in view of the pending load we would not care to say the facility is overcrowded. Three new buildings are being added to the Fort Custer Facility at the present time which will accommodate between 500 and 600 patients. One building will be for acute cases and the other two buildings will be for continuous treatment and will take care of any type of patient other than acute. This will bring the capacity of the Fort Custer Facility up to approximately 2,500 mental patients, and it is our opinion that this should be the maximum amount of patients under the jurisdiction of any one

facility. We would, therefore, suggest that the Veterans' Administration immediately survey the possibility of erecting an additional mental hospital in this State.

JOSEPH W. MAVIS,  
*Veterans of Foreign Wars.*

SYDNEY J. ALLEN,  
*Disabled American Veterans.*

HORACE C. PARRISH,  
*American Legion.*

#### MARINE HOSPITAL

The marine hospital located at the foot of Alter Road, Detroit, Mich., is a Public Health Service hospital and is not under the jurisdiction of the Veterans' Administration. Due to the lack of sufficient beds at the Dearborn Facility, 150 beds have been contracted for and are available for Veterans' Administration patients.

The medical service at the marine hospital, particularly surgery, is considered excellent. Many complaints have been received, however, on the food served to patients at this facility. There is also a shortage of nurses and attendants. There are no recreational facilities of any consequence.

The only corrective action that we can suggest insofar as the marine hospital is concerned is to continue the contractual beds until the Veterans' Administration can furnish adequate bed facilities.

JOSEPH W. MAVIS,  
*Veterans of Foreign Wars.*

SYDNEY J. ALLEN,  
*Disabled American Veterans.*

HORACE C. PARRISH,  
*American Legion.*





# INVESTIGATION OF THE VETERANS' ADMINISTRATION WITH A PARTICULAR VIEW TO DETERMINING THE EFFICIENCY OF THE ADMINISTRATION AND OPERA- TION OF VETERANS' ADMINISTRATION FACILITIES

FRIDAY, JUNE 15, 1945

HOUSE OF REPRESENTATIVES,  
COMMITTEE ON WORLD WAR VETERANS' LEGISLATION,  
*Washington, D. C.*

The committee met at 2 p. m., Hon. John E. Rankin (chairman) presiding.

The CHAIRMAN. The committee will be in order.

All right, Mr. Kraabel, you may proceed.

## FURTHER STATEMENT OF T. O. KRAABEL

Mr. KRAABEL. Mr. Chairman, I have been impressed with the diligence and patience of this committee in receiving the respective survey reports from our National Commander Edward N. Scheiberling, produced through department commanders, and I believe that the presentation thus far has delineated a pattern that includes all of the finding of a general nature as to which changes or corrections or adjustments would result in an upgrading and betterment of the medical and hospital service.

Accordingly, from my part of this presentation for the American Legion, I would be willing to present the findings, the survey findings, of the other facilities for the record, the same as they have been up to now, obviating, however, a recitation of the different points for your committee.

The records will have the same material for all the other facilities as have been heretofore presented, and in the interest of time and affording the committee an opportunity to go over them, in view of the legislation session next week, I make that suggestion.

The CHAIRMAN. You will insert this material in the record.

Mr. KRAABEL. I am speaking for my organization. The others are here.

Mr. JONES. I am in accord with that, Mr. Chairman.

## STATEMENT OF WILLIAM E. TATE, DISABLED AMERICAN VETERANS

Mr. TATE. We are in accord with that, for the national director, director of claims, DAV.

The CHAIRMAN. Without objection, it is so ordered.

(The survey reports referred to of the American Legion, Veterans of Foreign Wars, and Disabled American Veterans are filed with the committee.)

The CHAIRMAN. Now, the question was raised about the X-ray man at the Northport Facility, and the record in the Veterans' Administration shows that he is Major Hughes and he has been doing X-ray work with the Veterans' Administration since 1937, and Colonel Cooke, of the Medical Director's office, says that he is very proficient and well-qualified.

That is at Northport.

Colonel Cooke also reports that the eye, ear, nose, and throat man there is Captain Miller, that he has been doing eye, ear, nose, and throat work since 1942 with the Veterans' Administration; that he is well qualified to carry on the routine work; for specialized work or for consultation Dr. Stevenson is called in.

He says Captain Miller is very much interested in this work, and the manager considers him well qualified for this routine duty.

I thought I would give that for the record, in view of what was said this morning about inexperience.

Mr. KRAABEL. Mr. Chairman, I do not think this—I do not think those men were named.

The CHAIRMAN. No; but some statement was made here this morning that they were inexperienced.

I do not think there were any accusations that they were inefficient.

Mr. KRAABEL. Now, Mr. Chairman, do you want me to submit copies of the hospital reports?

The CHAIRMAN. Do you have a summary there?

Mr. KRAABEL. Well, I have a summary that I want to present.

Mr. SCRIVNER. What state is this?

The CHAIRMAN. We have just agreed to insert the rest of it in the record and receive the summary.

Mr. SCRIVNER. I was hoping they would refer to Northport again because I wanted to ask somebody in the Veterans' Administration concerning the report I received about 2 weeks ago, the man who was chief medical officer at Northport while these abuses have been going on, has been promoted and transferred to this facility at Lyons, and, certainly, if he was chief medical officer there he certainly should have known—whether he did or not and, merely transferring from one hospital to another does not remedy the situation at all.

The CHAIRMAN. We will get back to that, Mr. Scrivner, if that will be satisfactory.

You ought to ask Dr. Baird about it.

Mr. SCRIVNER. Yes. I am curious to know if that condition still exists.

The CHAIRMAN. Come around, Dr. Baird.

#### FURTHER STATEMENT OF COL. JOHN H. BAIRD

Colonel BAIRD. Well, all I know is that Dr. Foster was the clinical director at Northport and upon—he was clinical director at Northport and a transfer was made and that left a vacancy and a list of eligibles was gone over and Dr. Foster was selected on the basis of his efficiency.

The CHAIRMAN. Was that after the office had heard about this condition at Northport?



Colonel BAIRD. No, that was long before.

The CHAIRMAN. Well, if the central office had known about those conditions, would that not have affected his transfer?

Colonel BAIRD. I am unable to say.

The CHAIRMAN. Do you not think it should?

Colonel BAIRD. Yes.

The CHAIRMAN. Because certainly a man in his position if he did not know, was somewhat careless, and if he did know and did not do anything to prevent it, I do not see where he is worthy of promotion.

Of course, it may be one of those things where the horse has already been stolen and it is too late to lock the barn.

Of course, there is another thing, that is, the War Department sending these fellows out there.

Colonel BAIRD. I can name some more, but I will do it in executive session.

#### FURTHER STATEMENT OF T. O. KRAABEL

Mr. KRAABEL. Now, I thought this would be of interest to the committee from the American Legion's survey.

Mr. SCRIVNER. Off the record.

(Discussion off the record.)

Mr. KRAABEL. The over-all average of medical and hospital treatment of veterans in this recent facility as submitted by department commanders throughout the country shows the following:

Two facilities with 843 beds below the standard of State, county, and municipal hospitals.

Twenty-one facilities with 15,356 beds about the same as State, county, and municipal hospitals.

There are 22 facilities with 19,954 beds above the average of State, county, and municipal hospitals.

And there are 31 facilities with 26,115 beds that are very good or excellent.

The CHAIRMAN. Now, Mr. Kraabel, that does not include the 22 that are above average, does it?

Mr. KRAABEL. There are two that are below. And those above are divided into two classes.

The CHAIRMAN. The last category you mentioned are very good or excellent.

Mr. KRAABEL. Very good or excellent.

The CHAIRMAN. They are also above the average?

Mr. KRAABEL. Yes.

The CHAIRMAN. I was wondering if the other 22 hospitals are included in the number.

Mr. KRAABEL. No, these are the number designated by that classification.

The CHAIRMAN. I was wondering if the others were included in that category.

Mr. KRAABEL. We would have 74 the same or above the average; we would have 53 above the average or excellent.

Mr. SCRIVNER. I thought we had 94 facilities.

Mr. KRAABEL. I am reporting on 76.

Mr. SCRIVNER. Seventy-six?

Mr. KRAABEL. That is right.

The CHAIRMAN. Thirty-one of them you say are very good or excellent?

Mr. KRAABEL. That is right.

The CHAIRMAN. And two—

Mr. KRAABEL. Twenty-two above the average. Twenty-one about the same, and two below the average for State, county, and municipal hospitals.

Mr. McQUEEN. What are those two?

Mr. KRAABEL. We have run through them.

Mr. McQUEEN. Where are the two that are below average?

Mr. KRAABEL. Answer to No. 3 on one of them [reading]:

It is my opinion that slightly better treatment is rendered to patients by our State, county, and municipal institutions. The hospital is perhaps doing its best with the available equipment.

The CHAIRMAN. Where is that?

Mr. KRAABEL. That is Outwood, Ky.

The CHAIRMAN. Where is the next one? Outwood is tubercular, is it not?

Mr. KRAABEL. That is right. And the other reads as follows:

The Veterans' Administration facility, Dearborn, Mich., is not on a par with such State institutions as the University Hospital, at Ann Arbor, Mich.; with the Seymour Hospital, at Eloise, Mich.

It is on a par, however, or superior, to such institutions as the Receiving Hospital, city of Detroit. If the Dearborn Facility was furnished with adequate hospital attendants, laboratory technicians, and other help, it would be on a par with county, State, and municipal institutions, with the exception of those mentioned above.

So the deviation is very slight, but they mention in here—

The CHAIRMAN. But you—do you think it compares with the State and county hospitals throughout the country? You are comparing it now with some other high-class institutions that are very well financed.

Mr. KRAABEL. In Michigan, it is.

The CHAIRMAN. Yes. So, according to your figures there they would measure up if it would not show up better than the average State, county, and municipal institution throughout the country.

Mr. KRAABEL. There are 53 above the average.

The CHAIRMAN. You mentioned two State institutions.

Mr. KRAABEL. I believe the reason for mentioning those two is because they are exceptionally well financed and well established.

Mr. JONES. My over-all picture was that it is much superior in the Veterans' Administration hospital.

But of course, someone says, "Well, that is not anything to brag about."

But I would say the over-all picture is the Veterans' Administration facilities are much superior.

Mr. SCRIVNER. What happened to Livermore and Lake City, then? Did you rate them better than average?

Because, as I recall this report of yours—

Mr. McQUEEN. Also Little Rock, Ark.

Mr. KRAABEL. I left those at home because I thought we were through with them.

Mr. SCRIVNER. According to my notes when you were over here talking about Livermore and Lake City there were many complaints over a period of years, lack of cooperation, food, and there was recommended immediate investigation.

Mr. KRAABEL. Mr. Scrivner, over the years, I thought we brought that out.

Mr. SCRIVNER. I am trying to reconcile it.

You say there were two below standard. That was Outwood, Ky., and Dearborn, Mich.

But I thought on your report Lake City was below standard, Livermore was below standard; I think Alexandria was, and Gulfport, from some of the comments.

So that I just cannot quite follow you.

Mr. KRAABEL. Well, may I put this in, Mr. Scrivner? This was in answer to question 3 directly to put to all of these commanders by the national commander and, despite their opinion, they did point out personnel and equipment defects which came to their attention at the time of their visit.

Mr. SCRIVNER. Let me read this a minute. All right. You are answering question No. 3, and this is in answer to the one in which they compare with their local—

Mr. KRAABEL. That is right. The other objections can still stand and be consistent with it.

Mr. MATHES. I was just advised that the manager of Livermore has been ordered into Washington for a conference, and the Administrator's representative is either at Livermore or has just left there.

There seems to be a conflict.

Mr. TATE. Mr. Chairman, the Disabled American Veterans had a joint report with the Legion, so far as Dearborn, but so far as Outwood, Ky., the answer to question No. 3 is [reading]:

Far better than other hospitals in this State.

Mr. JONES. On the Livermore, I would like to read the answer to that question on Livermore.

The CHAIRMAN. Yes.

Mr. JONES. This question was answered [reading]:

We believe the standard of treatment is a difficult quality to measure, unless we have a standard by which to go; however, the type, scope, and quality of treatment, we believe, compares somewhat below that of the State, county, and municipal institutions.

The CHAIRMAN. That is, a little below the State, county, and municipal institutions in California?

Mr. JONES. That is right.

The CHAIRMAN. But how does it compare with State, county, and municipal institutions throughout the country?

Mr. JONES. Well, he probably would not know about that.

Mr. TATE. Mr. Chairman, our report says [reading]:

We believe the treatment at Livermore is above the treatment of county, State, and municipal institutions in the same area.

The CHAIRMAN. Above them?

Mr. TATE. Yes, sir.

Dr. BAGGS. Mr. Chairman—



The CHAIRMAN. Where is Livermore situated?

Mr. JONES. In California; in San Francisco.

The CHAIRMAN. Yes. I have been through that facility, and I was very much impressed with it.

I am not a medical man, but I was very favorably impressed with it.

The fact is, they did not have the crowded or sprawling magnitude of Sawtelle.

Mr. KRAABEL. I was there in 1941, Mr. Chairman, and the management, the morale, of the corps was fine.

It was observed awhile ago, it might be a matter now of personality clashes among staff members. That is the gist of our report.

The CHAIRMAN. It is certainly one of the most beautiful places I ever saw.

Mr. SCRIVNER. More beautiful than Gulfport?

The CHAIRMAN. Yes.

Mr. JONES. Our report is more critical of that hospital than other TB hospitals in the country.

The CHAIRMAN. What is that?

Mr. JONES. Our report, the Veterans of Foreign Wars, is more critical of that than any other hospital—any other TB hospital.

The CHAIRMAN. At Livermore?

Mr. JONES. Yes, sir.

The CHAIRMAN. Is that because of the management?

Mr. JONES. Well, there are a lot of things wrong with it. There seems to be quite a lot of friction there among these medical officers and among the staff, as I recall.

Mr. MATHES. One of the chief causes is that they wanted some extra gasoline rations to go to town, San Francisco, I suppose, wherever that is that they go. And it seems the ration board would not give them the rations unless the manager certified it was necessary, and he would not certify that it was necessary.

The CHAIRMAN. Well, there has been a demand, as I understand, for some time on the part of the staff there that they be permitted to live outside reservation.

Now, that controversy has been going on for a good many years, as I understand, and the very thing—the very same thing may enter into this friction that you seem to have there now between the management and some of his assistants.

Mr. SCRIVNER. But even if it exists, the patients should not pay the penalty.

Mr. JONES. According to my report, the friction is over the method of treatment, probably of the surgery.

The CHAIRMAN. Well, am I right about this controversy?

Mr. MATHES. I do not know, Mr. Rankin. I will make inquiry.

The CHAIRMAN. Well, I think the truth on that is that they have been demanding that they be permitted to live off the hospital grounds, and it seems the management did not want them to live off the hospital grounds.

Mr. MATHES. Dr. Wolford—

The CHAIRMAN. I think that is the complaint.

Mr. TATE. Mr. Chairman, the complaint we get there is as to the variety and quality of food. It says [reading]:

The quality and variety of the food in the veterans' hospital is, in many cases, below standard.

That is in spite of the answer to question 3 that the hospital was above other institutions in the State and county.

The CHAIRMAN. Did you get a copy of any menus?

Mr. TATE. No; they do not seem to have attached any menus.

Mr. MATHES. Mr. Chairman, a little bit ago I thought it over, and I found a letter has been prepared for the committee on the basis of the representative's report on Livermore, and they hope to get it typed and over here to you either today or tomorrow.

Mrs. ROGERS. Is it not true also that there have always been a good many complaints about the food at Livermore?

Mr. TATE. That is the principal complaint that we got, and we explained it this way: It says [reading]:

This is true because, first, the equipment is not new. The present kitchen is too small and outmoded, and should be enlarged with modern equipment.

The kitchen was remodeled some time ago to take care of an increase in the number of patients. Since that time the number of patients has increased to the point where the present facilities are not adequate to meet the demand. Secondly, the variety is naturally limited due to the war shortages. Thirdly, the preparation depends largely upon the inadequate facilities mentioned above, and is somewhat tasteless and unimaginative. Two specific complaints were received that insufficient precautions had been taken to guard the purity of the food, as evidenced by the discovery of insects in the food.

Mrs. ROGERS. I know when I was there there were complaints, and the commanding officer agreed that they were correct.

Mr. TATE. That was the only specific complaint we had on the hospital.

Mr. SCRIVNER. Now, Mr. Chairman, I would be perfectly frank to state that I have no idea whether I can ever get around to reading all of this mass of reports in the record, but in this VFW report they have listed these various hospitals that are run satisfactorily, they come now to Gulfport, Miss., and passed that, but there are several others in that list and, without waiting until the report is printed and then going back and trying to pick out what is unsatisfactory, I think the committee should have that information now.

I think we are more concerned about the hospitals in which the conditions are unsatisfactory than those with which they are satisfactory.

The CHAIRMAN. How many have we there?

Mr. McQUEEN. Perhaps 20 more hospitals.

Mr. SCRIVNER. Now, about those where there has been no report, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10—11—one of them in there is Aspinwall, about which we have heard a great deal.

Personally, I am just as anxious to get out and be on my way as anybody, but I would like to hear particularly about the hospitals where there are some complaints.

Mr. KRAABEL. Mr. Chairman, I will be glad to give you what the Legion commanders have said on those hospitals.

The CHAIRMAN. Any hospital that any member of the committee wants.

Mr. SCRIVNER. The next one is Jefferson Barracks.

Mr. Carnahan might be interested.

The CHAIRMAN. We will take them up.

Mr. KRAABEL. The facility at Jefferson Barracks, question 3 [reading]:

The relative standards of treatment of this hospital as compared to State, county, municipal hospitals in this area in most cases is superior to the private hospital.

We expect only the best at the Veterans' Administration hospitals and will be satisfied with no less—

Now they say:

There are no general complaints about the medical treatment and hospital care.

However—

The vast injury cases are making complaints—

That they were misinformed as to the equipment and available at the time they were sent to the veterans' hospital and the treatment, and they are not receiving as good treatment as they did receive in Army hospitals.

Canteen service is exceptionally poor.

(Mr. Stigler assumes the chair.)

Mr. STIGLER. What service was that that was exceptionally poor?

Mr. KRAABEL. Canteen service. [Reading:]

More comprehensive study of transportation is necessary. Certain items of the medical equipment have become outmoded and obsolete. It is believed that this equipment should be replaced and in view of the closing of certain Army installations, some of this equipment should be immediately available from the Army and Navy surplus.

Mr. CARNAHAN. They do not give what particular equipment?

Mr. KRAABEL. No.

Mr. CARNAHAN. I have been in the operating rooms at Jefferson Barracks, and they had a shadowless light, and they had the display racks that were not provided at Barnes and the operating room compares very favorably with Barnes Hospital, and Barnes is tops.

Mr. KRAABEL (reading):

Special equipment for back injury cases has not been procured although orders have been placed some time ago.

Mr. CARNAHAN. Well, at the time I was there they used some equipment for back injuries.

Mr. KRAABEL. Well, this was April 1, 1945.

Mr. CARNAHAN. I see.

Mr. KRAABEL (reading):

Certain items of medical equipment have become outmoded and obsolete.

I read the rest of it.

Mr. CARNAHAN. The transportation was very poor.

Mr. KRAABEL (reading):

The transportation facilities to and from the hospital are not adequate. There is only one bus that comes to the hospital and this bus runs every hour. It is the only transportation to the door of the hospital and in nearly all cases the employee makes nearly three and four changes of streetcars and busses to go into the barracks. It cost 40 cents per day to come to the hospital and return



home. A more comprehensive study of transportation is necessary. A survey of the passenger load from point of origin to home should be made.

Mr. CARNAHAN. I made the transportation by bus and streetcar and paid 15 cents—paid one 5-cent fare and two 10-cent fares one way.

Mr. KRAABEL. Forty cents a round trip.

Mr. CARNAHAN. That would be 40 cents a round trip.

Mr. SCRIVNER. What did the veterans have to say?

Mr. JONES (reading):

Inadequate recreational facilities; inadequate transportation; insufficient contact service.

Recommend the replacement of disabled and over-age physicians; annual post-graduate course for physicians; liberalization of dental regulations.

And there is some complaint of the out-patient treatment.

This does not have anything on the back injury at all.

The only other complaint we had was the lack of information giving the man his condition upon leaving the hospital.

That is pretty general.

Mr. SCRIVNER. What is the recommendation on transportation?

Do you recommend that the Veterans' Administration should supplement this transportation in some way? Not only this, but some of the other hospitals where they are very remote?

Mr. CARNAHAN. Mr. Scrivner, that has been a general complaint on all of the hospitals.

Mr. SCRIVNER. It does not do any good to complain if we do not find some solution.

Mrs. ROGERS. I think the Veterans' Administration should furnish busses.

Mr. JONES (reading):

It costs 40 cents a day for employees to get to work. It takes more than an hour, due to the transfer. This should be investigated and some attempt made to alleviate the situation.

Mr. SCRIVNER. That leaves us just where we were before.

Mr. JONES. That is right. In my recommendations I have recommended that where those situations arise that some—there should be some machinery set up, by either this committee or someone else, to make this investigation.

Mr. SCRIVNER. Well, that is what we are trying to find out.

I suppose as soon as the manpower situation has eased up, that will solve the problem. With more manpower they might be able to run a shuttle-bus service.

Mr. JONES. That is going to be true on many things we find wrong.

Mr. SCRIVNER. That is right.

Mr. KRAABEL. The setting up of a downtown regional office in St. Louis has helped the situation with some of the veterans. Now, the administrative and regional facilities are downtown, just in the last few months or weeks.

Mr. McQUEEN. That will probably take better than 50 percent of the load off of it right there, will it not?

Mr. TATE. Mr. Chairman, the Disabled American Veterans report goes through A to L, and is headed [reading]:

A. Better transportation for employees and patients.

B. Increased recreational facilities.

C. Enlargement from 750 to 800 beds.

- D. Assignments of Army personnel at attendant's level.
- E. Additional TB beds be made available.
- F. Additional NP beds be made available.
- G. Increase in canteen space.
- H. Expansion and installation of modern PT and OT equipment.
- I. Establishment of an over-all organized plan of post-graduate instruction for all Veterans' Administration medical officers and suitable encouragement of research.
- J. Increased space for drug department.
- K. Increased space for laboratory.
- L. Increased space for OT shop.

Mrs. ROGERS. Mr. Chairman, I think it costs 75 cents to get to Northport. Seventy-five cents to get there and 75 cents back.

Mr. SCRIVNER. Does that conclude Jefferson Barracks?

Mr. KRAABLE. Yes.

Mr. SCRIVNER. The next one is Fort Harrison, Mont.

Mr. McQUEEN. Do you want this report on Excelsior Springs?

Mr. SCRIVNER. I thought we were just going on with those that were unsatisfactory.

I will say I do not agree with the report on Excelsior Springs, however.

Mrs. ROGERS. Mr. Chairman, I have a request that an editorial from the Boston Traveler of June 13 be inserted. It is entitled "The Most Deserving," and then gives some credit and approval of the very fine reports made by the veterans' organizations.

There have been more editorials on the reports.

Mr. PICKETT. Mrs. Rogers, I was just wondering if it would not lengthen this record which is already very long.

Mrs. ROGERS. I do think we ought to have some sort of appreciation of what they have done.

Mr. PICKETT. I do not make any objection to that, but suppose the other 21 members came in with an editorial.

Mrs. ROGERS. It is just the one. It is not my editorial.

Mr. CARNAHAN. I saw one in the St. Louis Post-Dispatch.

Mrs. ROGERS. I do not care which one goes in.

Mr. PICKETT. I do not object.

Mrs. ROGERS. Thank you very much.

(The editorial referred to follows:)

[From Boston Traveler, June 13, 1945]

#### THE MOST DESERVING

The American Legion and the Veterans of Foreign Wars have filed separate but parallel studies of hospitalization conditions among the veterans. These studies, which regrettably often have had to be trenchant criticisms, deserve meticulous attention. They are serious, detailed, and documented statements by organizations of the highest standing and they treat a subject of the most profound importance.

They are the opposite of sensational. Each institution involved was inspected, rated, and criticized on specific and fundamentally important bases. Even the criterion of rating, a comparison with public hospitals in the same area, erred on the side of charity if it erred at all.

Therefore these reports demand by their very nature quick and thorough action. The only proper standard for the medical treatment of wounded veterans is the most austere standard of medical enlightenment at its most advanced point of progress.

Mr. SCRIVNER. The next one is Fort Harrison, Mont.

Mr. JONES. Our report shows [reading]:

Inadequate isolation for quarantine provisions; inadequate occupational therapy; inadequate canteen; inadequate library facilities.

And a lack of information given the men at the time of discharge as to their condition.

That is pretty universal.

Periods of hospitalization are too long.

We have a complaint by one patient accompanied by affidavits that I want to put into the record. He claims that he has been badly abused and insulted by a certain physician in the facility.

I know nothing about the situation at all and am simply putting in the affidavits.

Mr. SCRIVNER. Has that been reported to the Veterans' Administration for investigation?

Mr. JONES. Yes, sir. It is contained in the copies of everything your committee has.

Mr. SCRIVNER. What does the Legion have on that?

Mr. KRAABEL. We have [reading]:

The recreational facilities are not adequate. We recommend that a recreational director be assigned to the facility.

Hospitalization has tended to be too long rather than too brief.

In some cases the patients are kept on the reception floor ward for routine examinations, delaying their surgical treatment for which they have applied for for hospitalization.

More personnel needed in all categories.

You wanted the adverse comment?

Mr. SCRIVNER. Yes.

Mr. KRAABEL. That seems to be it.

Mr. SCRIVNER. Mr. Chairman, the next one seems to be at Northport, Ohio, on which we have had considerable.

Mr. STIGLER. You care to go into that further?

Mr. SCRIVNER. No. The next one is Fayetteville and Oteen, N. C.

Mr. JONES. I have here on my list Oteen, N. C. This is a TB hospital; 1,269 beds.

Complaints of overcrowding, understaffed, kitchen equipment obsolete and inadequate; recreational facilities inadequate; medical equipment inadequate; clinical arrangements overloaded and inadequate. [Reading:]

The recommendations are for a minimum of 300 additional beds; immediate reorganization of dietetic facilities, immediate construction of administration and clinical building.

New recreational building; and modernization of equipment.

Mr. SCRIVNER. Did they go into any detail at all about medical equipment that was inadequate, and was there any statement as to whether or not the manager had made requests for it and been denied?

Mr. JONES. I will try to get you that [examining papers]. No; the only comment on that, it says medical equipment and clinical arrangement are overloaded and inadequate and the equipment is considered by the clinical director as inadequate.

Mr. SCRIVNER. That does not say whether he made any requests for equipment?



Mr. JONES. It does not say.

Mr. SCRIVNER. If he has not made any request for it, he is the one who should be reprimanded rather than some one in the higher echelon.

Mr. KRAABEL (reading):

We have found a few isolated specific complaints of lack of medical treatment in emergency cases and some few complaints of hospital care of the patients. The Administration is making every effort to correct these conditions as they are brought to their attention and has assured us that continued efforts will be made to prevent repetition of treatment of this kind.

The staff does not have any encouragement and support in research, in participating in clinical meetings, etc.

Food service poor in that food carts are used from the main kitchen which necessitates some delay in the service and distribution of tray with cold food.

Recreational facilities definitely not adequate.

Old recreation hall from World War I still in use without sufficient recreational facilities.

Only recreation for infirmary patients is radio and library.

Reception on radio very poor in that the step-up transformers now in use are not strong enough to carry it to all the wards as audibly and clearly as should be.

It is our belief that more and better recreational facilities should be furnished the infirmary and ambulant patients. The medical equipment and clinical arrangements are not satisfactory.

The facility is in dire need of a Veterans' Administration bus.

Patients are too crowded.

Not sufficient floor space per patient.

It is suggested that an emergency room be created for females where acute and emergency conditions may be treated.

Bed capacity should be increased to at least 1,500 with additional dietetic, clinical, administrative, and recreational facilities.

Some doctors are prone to withhold information from the patients which is told would probably make the patient think more seriously of his condition, and little advice is given him on discharge from this hospital.

We recommend better treatment and hospital care of veterans as soon as available, competent doctors, nurses, attendants, and other personnel be employed and that priorities be given the Veterans' Administration to employ such personnel.

Mr. SCRIVNER. You recommend the what?

Mr. KRAABEL (reading):

better treatment and hospital care of veterans as soon as available, competent doctors, nurses, attendants, and other personnel be employed and that priorities be given the Veterans' Administration to employ such personnel.

Mr. SCRIVNER. Do they go into any detail as to what they mean about better care?

Mr. KRAABEL (reading):

Question 26. Are there any complaints on the part of the patients regarding the lack of information given them as to their physical condition and advice as to future treatment upon discharge from the hospital?

Answer. Yes. Some doctors are prone to withhold information from the patient which if told would probably make the patient think more seriously of his condition; however, we have been advised that a program is now under way at this facility to inform the individual patient of his condition.

Mr. JONES. On that food situation [reading]:

There are complaints from patients as well as the staff concerning the food matter. I would like to say here that the worn out and obsolete kitchen equipment, it is a miracle in here that half the patients in this facility get fed at all. This kitchen was constructed for 500 to 750 patients. It is now serving 1,300 patients and its equipment has never been replaced or supplemented, although this condition has been reported repeatedly.

Mr. SCRIVNER. I suppose that means central office?

Mr. JONES. I suppose to central office.

Mr. SCRIVNER. What do you have on it?

Mr. TATE. Our report has not come in. The investigation is still under way.

Mr. McQUEEN. Do you want anything on Fayetteville?

Mr. SCRIVNER. Anything that is reported adversely by the organization.

Mr. JONES (reading):

Inadequate recreational facilities; clinical arrangements unsatisfactory; improper assignment of physicians for duty; allegation of acute cases of neglect and abuse of patients in a few cases.

The recommendations are:

Minimum of 300 new beds; installation of occupational therapy facilities—

Would you like to have that improper assignment of physicians a little extended?

Mr. SCRIVNER. Yes.

### STATEMENT OF V. CLARK SWENGEL, REPRESENTING THE VETERANS OF FOREIGN WARS

Mr. SWENGEL. This statement pertains to the neuropsychiatric service. [Reading:]

There are more than 4,000 veterans who are eligible for neuropsychiatric treatment in this facility, and the facility to treat the veterans consists of one psychiatrist and a cardiologist who has no interest in the type of work he is forced to do.

Capt. S. J. Selikoff is an able cardiologist and his background consists of this work alone. When he reported here for duty, he was immediately put in neuropsychiatric work, which he knew nothing about and readily stated that he detested it.

How can a veteran be treated or be helped who is weak or sick mentally, by a person who is ignorant of his needs and has no interest in his work?

Dr. J. W. Turner, the only psychiatrist, spends part time only with his patients. Too much of his time is spent doing out-patient examination. It is clearly seen that at least one more psychiatrist is badly needed.

It is further believed that the facilities of this service are not adequate. There is no occupational therapy or psychotherapy.

Dr. Turner has attempted to have classes on psychotherapy but there is such an overload of other duties that it was impossible to continue the classes.

The patients of these services can be seen moping about with nothing to occupy their minds.

Recently, an organization furnished the patients with material to make copies. Dr. Turner commented that this pastime work has made a noticeable difference in the disposition of the whole ward, inasmuch as it is more peaceful and less trouble with the patients. They are more contented and nervous tension is relieved.

Mr. SCRIVNER. Do you know whether there has been any response to this complaint about assignment of cardiologists to this NP?

Mr. JONES. No, we have heard nothing about it. This has been in the hands of the Veterans' Administration for several days.

Mr. SCRIVNER. For how long?

Mr. JONES. I would have to——

Mr. SCRIVNER. Well, approximately how long?

Mr. JONES. Approximately since about May 24; maybe the 28th.  
Mr. KRAABEL. Our comments, Mr. Scrivner are [reading]:

The staff does not have encouragement and support in research, in participating in clinical meetings and so forth.

Recreational facilities are absolutely inadequate.

At present patients are not allowed to take outdoor exercise.

Mr. CARNAHAN. Mr. Chairman, I would like to know just what is involved when you speak of recreational facilities. That seems to cover quite a broad field.

Mr. KRAABEL. Mr. Allen asked that this morning, Mr. Carnahan, and it does cover quite a broad field.

There are times when patients are waiting for the next treatment. They are convalescent; they are ambulatory and time hangs heavy.

There are points of contact where there might be outdoor games, outdoor opportunities where they might partake of outdoor games. That is one phase of it.

It also goes into the therapy, I understand, on the part of the doctors. They have what they call physical medicine, and it does run a whole gamut of physical activities.

Mr. CARNAHAN. Take a hospital like Jefferson Barracks; they are supposed to treat people who are sick and there are recreational facilities of a special type.

I might say I saw more jigsaw puzzles when I was there. Is that included in recreation?

Mr. KRAABEL. Yes; different types of hospitals have different recreational facilities.

Mr. CARNAHAN. In some hospitals it might even mean the erection of a gymnasium?

Mr. KRAABEL. Well, I do not know about the full equipment of the gymnasium. It might be a recreational hall.

Mr. CUNNINGHAM. Some of the hospitals even have organized baseball.

Mr. KRAABEL. The NP hospitals.

Mr. CARNAHAN. I was wondering if this recreational field—is it not a little extra that the veterans get?

Mr. KRAABEL. I know they have been quite restricted at Fayetteville in having the men go about the grounds just for a walk. They do not like to have them out there.

They have not seen fit as yet to relax their rules. They allow out in back but not in the front where it has the best lawn.

Mrs. ROGERS. Are you acquainted with the report of Colonel Rusk?

Mr. KRAABEL. Colonel Rusk presented that to our group last December and we have followed it with interest.

We have noted how the Army and possibly the Navy have been inspired by his work to think much of his activity.

Mrs. ROGERS. That includes the physical exercises.

Mr. JONES. I have a few cases of neglect and abuse of patients if you want that.

Mr. SCRIVNER. I think we should have it. If there has been nothing done about it, I think we should know.

Mr. JONES. This is an NP hospital. I have the men's names if you want that in the record.

Mr. McQUEEN. We agreed not to put those names in the record.



Mr. JONES. All right. [Reading:]

He states that he was a patient in January 1944 and again was admitted some months later. He was admitted to Dr. A. Ebel's ward, who told him in no degree of politeness that he would not examine him, since he was here before.

The patient was released the next day without any treatment of any kind. This veteran then went home and consulted his family physician, who performed an operation for sinus trouble and ear conditions costing him \$400, which he is not able to pay.

That is the allegation.

Mr. SCRIVNER. Is there any verification of it?

Mr. JONES. I have no verification of it.

Mr. TATE. Our report goes along the same line. [Reading:]

Outside of motion pictures each week, a few shows and parties by local civic and patriotic organizations, including Bingo and a good library, recreational activities are nil. No provisions except in a few cases are made for outside fresh air and sunshine.

Canteen: Service corps, food average, prices in line with local food and the retail trade. Space insufficient.

They likewise write:

It appears that another full-time psychiatrist is needed or an additional doctor for the out-patient clinic in order to relieve for full-time duty the only psychiatrist now on duty at this station.

There is no occupational therapy.

It is believed an additional 300 to 400 beds will be needed for new patients load with corresponding space for increased load in Veterans' Administration, which now needs additional space and equipment.

Mr. SCRIVNER. Mr. Chairman, the next one that seems to indicate it is not satisfactory is Fargo, N. Dak., and after that Muskogee, Okla.

Mr. McQUEEN. You have skipped the New York situation.

Mr. SCRIVNER. Well, I think we have covered Northport pretty thoroughly.

Mr. JONES. North Dakota, is that?

Mr. SCRIVNER. Fargo, N. Dak.

Mr. PICKETT. Is there something new to add to it?

Mr. JONES [reading]:

Overcrowded, understaffed, transportation facilities poor. Specific complaints in two medical officers attached.

Mr. SCRIVNER. What is the nature of those complaints?

Mr. JONES. Well, it is a very—there is quite a bit of correspondence.

Mr. SCRIVNER. Well, in substance.

Mr. JONES. Well, the general complaints have been against these physicians and asks that they be gotten out of the facility, I mean, removed from the facility or transferred, and it is quite a lengthy correspondence between the medical director and the persons—

Mr. SCRIVNER. I know, but what is the gist of the complaints, though?

Mr. JONES. Well, pass that a minute and I will get to it.

Mr. SCRIVNER. All right.

Mr. KRAABEL. Mr. Chairman, Fargo on the Legion report [reading]:

Three complaints were found by the committee and briefly they are as follows:

A family complained about a patient that died rather suddenly which the records showed was a man that dies of a coronary infection, and no blame could be placed upon the medical staff for any delinquency or negligence.

There was a patient that had been examined by the psychiatrist and by actual clocking the time was—that the patient was in the examining room, was 13

minutes. A diagnosis of psychosis was made which was subsequently changed to psychoneurosis.

In one case the cardiologist made a diagnosis of a normal heart which was confirmed by the cardiologist at Hines General Hospital. Later it was found that the man did have heart disease. This same cardiologist was criticized for being blunt, outspoken, and unsympathetic to his patients.

Report of these conditions was made to Charles M. Griffith, Medical Director, in August 1943, to which the Medical Director stated that corrective steps would be taken. No action has been taken and the same conditions still exist.

Mr. SCRIVNER. That was 2 years ago.

Mr. KRAABEL. August, 2 years ago. They did not question any of the doctors?

Mr. JONES. I have the exchange and correspondence between the Medical Director and those making those complaints. It is in the record.

Mr. SCRIVNER. Let us get it right at this point.

Mr. SWENGEL. But they were complaining about—he has written to the Medical Director?

Mr. SCRIVNER. A little louder.

Mr. SWENGEL. He protested the further employment of Dr. Michael Rosen and Dr. Herman. He states [reading]:

I should not believe that Dr. Rosen is at all interested in his work at the Fargo hospital. He is uncooperative, he is mean, surly, and uncivil to the veterans who come into his office for examination, and his diagnoses are unreliable and in many cases absolutely wrong.

He states Dr. Herman is not an authority on heart cases, and his diagnoses on heart cases have been reversed time after time. He states [reading]:

My main reason for protesting his further continuance as a doctor at the Fargo facility is because of his attitude and his manner. Dr. Herman just cannot seem to refrain from making sarcastic remarks to nearly every veteran whom he examines.

Mr. SCRIVNER. Does it show whether any action has been taken in either of those cases?

Mr. JONES. That is what they are complaining about.

Mr. SWENGEL. He has attached two letters from the Medical Director, the last one stating [reading]:

Your comments have been very carefully noted and it is desired to state that the transfer of these two physicians is now under consideration and when vacancies occur at another facility to which they may be assigned, steps will be taken to carry out their reassignment.

Mr. CUNNINGHAM. Would they not be guilty of the same thing in another facility?

Mr. JONES. We have recommended these transfers.

Mr. SCRIVNER. Let us get back and see whether they have ever been transferred or not.

Transfer would not cure the evil, of course, but it might ease the situation there a little.

Mr. CARNAHAN. Who is making these accusations?

Mr. JONES. This is a report by the department commander with copy of his correspondence to the Medical Director with the complaint.

Mr. SWENGEL. The complainant in this case is Romanus J. Downey, veterans' service commissioner of the State of North Dakota.

Mrs. ROGERS. What is the Legion report?

Mr. KRAABEL. This parallels what Mr. Jones said, except they did not name the doctors.

Mrs. ROGERS. It should get some action.

Mr. KRAABEL. But you do not always get the action.

Mr. JONES. Not always.

Mrs. ROGERS. You do sometimes.

Mr. JONES. I would say 70 to 75 percent we do.

Mrs. ROGERS. They are probably glad to have the suggestions.

Mr. KRAABEL. I would state, as far as we could compute these recommendations over a period of years we have found partial or complete action on about 66 percent. And the other one-third are the troubles which showed up in this survey.

Mr. McQUEEN. Anything further on Fargo.

Mr. TATE. Mr. Chairman, I have a report here on Fargo which is 123 pages in length.

Boiled down, however, the survey shows that the complaints are largely in line with those that have previously been made. They point out that there is a shortage in all classes of personnel. [Reading:]

There is a very definite feeling on the part of the doctors, nurses, and attendants that they are not paid sufficient salary to keep, maintain, and attract competent employees.

The transportation facilities are inadequate.

The hospital at the present time is overloaded, and it appears that the condition will continue to grow worse, and it seems that immediate steps should be taken to alleviate the situation.

They recommend an opportunity for the doctors to participate in clinical meetings and medical lecture courses, and so forth, and that an opportunity be afforded to each physician to attend medical centers for the purpose of getting further information and gaining knowledge of specialized work in medicine.

They recommend the elimination of much red tape now involved in making reports, and so forth.

Mr. McQUEEN. Does your report cover these two individuals, too?

Mr. TATE. Well, they make reference to the transfer of a specialist in eye, ear, nose, and throat who, upon arrival was compelled to make examination of men suffering heart ailments.

He knows nothing of heart ailments and has stated that he does not feel that justice is being done to the veterans with heart ailments by examinations which he has stated he is not capable of giving.

No name was furnished as to who the doctor was.

The CHAIRMAN. Did you want to add something?

Mr. JONES. It seems that they now have a new chief medical officer at this facility and according to this report that he is doing splendid work and is improving the conditions in that facility.

Mr. McQUEEN. What is the next one you have, Mr. Scrivner?

Mr. SCRIVNER. Muskogee.

The CHAIRMAN. Does the DAV desire to submit that report for the record?

Mr. TATE. That is part of the regular record, Mr. Chairman.

The CHAIRMAN. I see. Muskogee, Okla.

Mr. STIGLER. I have been there.

Mr. McQUEEN. Go ahead, Mr. Kraabel.



Mr. KRAABEL. Mr. Chairman, I would like to present a disabled American veteran who has done work for the committee, Mr. Nolle, who has done work for this committee.

The CHAIRMAN. I believe I had the pleasure of introducing him to General Bradley.

Mr. KRAABEL. Yes; you did.

Mr. JONES. We have a report [reading]:

Shortage of attendants; food often served cold. Canteen unsatisfactory.

Then there is a recommendation that the medical staff be replaced by younger men.

Of course, I do not know where they are going to get them, but that is the statement.

Mr. SCRIVNER. In other words, they say they are too old.

Mr. JONES. Also a general pay increase is advocated.

Mr. McQUEEN. Mr. Jones, those are the general complaints. Have you any specific complaints on this hospital?

Mr. JONES. The canteen is unsatisfactory. That is not quite a general complaint on the food.

Mr. McQUEEN. No.

The CHAIRMAN. Do you have anything?

Mr. KRAABEL. We have one of the most elaborate reports from any facility, Mr. Chairman, and Congressmen. They go very much into detail, they completely—they make a complete study and they mention practically every group of personnel and every type of activity and service in a general and medical and surgical hospital.

Mr. STIGLER. I have a copy of the report of the VFW.

Mr. JONES (reading):

No complaint as to the quantity and variety of the food, but those patients who have to eat in the ward have a general complaint that the food is cold when it reaches them.

On investigation I find that this is brought about primarily by the majority of the food carts being old type and that they are unable to keep them—to keep the food warm in these carts from the time they leave the mess hall until they reach the patients in the various wards. Also at the present time they are short orderlies on the wards. Consequently, it takes longer to deliver the food than it would if they had sufficient help. I therefore recommend that new up-to-date food carts be supplied.

The CHAIRMAN. That is Oklahoma?

Mr. JONES. Yes, sir. He does not say whether they have ever been requested or not.

Mr. KRAABEL. In the Legion report [reading]:

Much dissatisfaction was expressed by several patients in regard to the dietitian. She seems to have complete control as to the type of employees, and holidays for employees, and placing of employees.

Some of the employees were given days off and all Sundays off while others on KP duty were not granted the same privileges.

It appears that cooks are dietitians, and KP's are cooks on KP pay.

The dietitian has been employed for 8 years and she seems to take advantage of this fact. Complaints of her attitude to those working in the kitchen have been registered.

It was reported if one of the KPs asked her a question regarding some matter, he was bawled out or given harder duty. If complaints are made to some person in authority, the KP is bawled out again.

It was reported that she has stool pigeons around the hospital who report everything they hear regarding her or her diet.

It was also reported that several KP's had transferred to the wards in order to keep from being persecuted or bawled out by the dietitian.

The complaints regarding trays and tray wagons were quite numerous. Others were sent out not filled to capacity and consequently it was reported that there were not enough carriers in the building.

Many carriers left the kitchen with spilled trays.

It was also noted that trays put on the carrier for the second floor sometimes would be sent to the fourth floor and when this error had been corrected the food was cold.

These carriers are electrically heated but it seems that on numerous occasions the bed patients have been served cold food.

Not much care is taken in preparing the trays; many times the food containers are too full of liquid and when the tray reaches the patient the liquid has spilled into the tray or into the plate.

I visited one patient who had just been served. His tray was so dirty and messy he had to place a newspaper under it to keep from soiling the sheet.

This patient, referred to above, had a special diet consisting primarily of ice cream, and was entitled to all the ice cream he wanted.

It is suggested that occasionally a patient be given permission to write on a slip of paper what he wants to eat and if possible let him have it with the approval of his doctor.

Mr. McQUEEN. Do you have anything on Oklahoma for the DAV?

Mr. STIGLER. You say you do not receive anything on Muskogee?

Mr. TATE. No; I did not get a report yet.

Mr. STIGLER. Well, I live in Muskogee, I visited there before coming to Congress on an average of four or five times a year.

They have a Negro ward. They are separated. There was some complaint made that there were no telephone facilities in the Negro ward. I think you also have something in your reports on that.

Mr. KRAABEL. Yes.

Mr. STIGLER. And then the canteen is very inadequate. The hours of the post office do not meet the needs of the patients in hospitals with reference to the time they have their meals.

I want to especially comment on the discharge board. Those I have talked with, Colonel Bates, he is a new medical officer there.

I have known Colonel Bates for several years, and he was especially commended by everyone I talked to.

The CHAIRMAN. What is the size?

Mr. KRAABEL. 418 beds.

The CHAIRMAN. How many patients?

Mr. KRAABEL. Three hundred and twenty-five.

Mr. STIGLER. I want to insert in the record at this time—Congress appropriated something like half a million dollars for facilities but the contract has not been let yet. There is insufficient space for employees at this hospital. The space is needed for administrative facilities now.

Some months back the city of Muskogee effected a bond issue of \$125,000 for the purpose of acquiring additional land for that facility, and, well, they have offered to buy additional land for that hospital when needed without charge.

I have made an effort the last 90 days to get an expression from the Veterans' Administration as to when the contract is going to be let on the administration building. They are going to extend the stories.

Thus far, I have not attained any degree of satisfaction.

The CHAIRMAN. But the institution is not crowded.

Mr. KRAABEL. No, sir, Mr. Chairman; but I am apprehensive that it will be in a very short while.

The CHAIRMAN. They have 93 extra beds.

Mr. STIGLER. Yes.

Mr. KRAABEL. It should be pointed out that the expression of crowded conditions comes from the fact that beds have been put in there for which the institution was originally constructed and all of the beds, whether occupied or not, give the crowded appearance. Authorized beds above the standard capacity.

Mr. STIGLER. The roomers—the rooms formerly used for sun parlors are now occupied by beds. The patients have no place to lounge around.

Mrs. ROGERS. Well, that is not crowded.

Mr. STIGLER. No; but I see no specific complaints about Muskogee Hospital. And I think we have one of the best staffs in the United States. They are on the job all the time. I have talked to them and they are very cooperative.

Mr. SCRIVNER. Is this the Dr. Bates who was formerly at Wadsworth?

Mr. STIGLER. Yes.

Mr. TATE. While we have received no report on Muskogee, we have a full-time national service officer there.

Mr. STIGLER. Yes; a splendid one. I know him, too.

Mr. SCRIVNER. The next one is Portland and Roseburg, Oreg.

The CHAIRMAN. All right.

Mr. JONES. Rosenberg is an NP hospital, 659 beds. Under the heading of complaints is allegation of mistreatment by attendants, shortage of professional and nursing staff, preparation of food unsatisfactory, kitchen sanitation inadequate; recreational facilities inadequate; sewage disposal unsatisfactory.

I might add a note that remedial action is taken when allegations of mistreatment have been sustained.

The person making this report—while he does not cite them—says he has personal knowledge of several dismissals for mistreatment.

I might say that this report was made by our department service officer, who has been in that facility for a number of years, and he knows pretty well the conditions.

Mr. SCRIVNER. Well, does it indicate that there has been any action taken toward any of his superiors?

Mr. JONES. The only thing he says is any complaint is very thoroughly investigated and there are dismissals.

He does not say whether the punishment ever went any further than dismissal.

Mr. KRAABEL. Department Commander Crum, of the American Legion, says [reading]:

We found no specific cases. We are informed that if there are specific cases they are immediately corrected.

He does not specify.

Mr. JONES. I might add also some of the good in that report. It says that the food there is very good, the quality is far above that obtainable in the local market, but that the preparation of the food is very bad. It says the flavor is destroyed by steam cooking as reported by the clinical director, rotten as reported by several patients.

Mrs. ROGERS. That is probably very true.

Mr. KRAABEL. Six hundred and fifty-nine authorized beds there, Mr. Chairman.



The CHAIRMAN. How many patients?

Mr. KRAABEL. Five hundred and seventeen.

The CHAIRMAN. Six hundred and fifty-nine authorized?

Mr. KRAABEL. Six hundred and fifty-nine; 517 receiving care.

The CHAIRMAN. That is 142 leeway.

Mr. TATE. Mr. Chairman, with reference to the patients we have this report [reading]:

There are some complaints on the medical treatment and hospital care received by patients. Some complaints have been made by relatives of the patients that they have physical injuries from other patients, and in instances that the physical injuries received by patients by rough handling by attendants.

In answer to the question of whether some complaints have been called to the attention of the administration and are then looked after, it says, "Yes; promptly."

The CHAIRMAN. It is looked after promptly.

Mr. TATE. Yes. Then after the—as to the quality and variety of food, it says [reading]:

It is our opinion that the variety of menu could be improved.

The CHAIRMAN. Do you have a menu with you?

Mr. TATE. No, sir; but they do recommend more modern equipment for preparation of food.

They say it is being installed and is on order at the present time.

The CHAIRMAN. Of course, it is a little difficult to get what you need right now, especially in the Veterans' Administration, because it was not given the same priority as the War Department was.

Mr. TATE (reading):

Recreational facilities are not as adequate as they should be. It is a fine recreational building with library, poolroom, lounge and games, and a fine theater with sound equipment.

For mental patients there are not sufficient recreational grounds or equipment at present, such as fenced-in areas where patients can exercise in sun and fresh air. Developments are started to correct this discrepancy.

Then they make a complaint:

No canteen service available. Only service provided is by service workers of Legion, VFW, and DAV, who do make purchases off facility for the patients, with approval of management.

And they point out:

Again, lack of personnel, attendants, is the cause of some trouble in giving shower baths to patients on closed wards. Too many patients have to be rushed through the showers in too short a time, with few attendants to supervise.

And again they lay the whole cause of the trouble on the manpower shortage.

They also recommend:

Further and immediate construction of proper facilities for housing of three times the present load of approximately 565 patients, or a total of 1,800 beds.

The CHAIRMAN. That would make the institution three times as large as it is now.

Mr. TATE. Yes, sir; that is to meet the future needs.

The CHAIRMAN. The DAV recommends that?

Mr. TATE. Yes, sir.

The CHAIRMAN. Would that not make rather an overgrown institution for a neuropsychiatric hospital?

Mr. TATE. Well, they have some that large I believe.

The CHAIRMAN. Why?

Mr. TATE. I do not know.

Mr. McQUEEN. Northport?

Mr. SCRIVNER. There are some bigger than that.

Mrs. ROGERS. How big is the Palo Alto Hospital?

Mr. SCRIVNER. 1,417 authorized beds.

The CHAIRMAN. What other NP hospital has 1,800 patients?

Mr. SCRIVNER. Knoxville has 1,800; Bedford, 1,821; Fort Custer has 1,879.

Mr. CARNAHAN. Little Rock has 1,600.

Mr. JONES. Northport has more than 2,000; 2,806 at Northport.

The CHAIRMAN. I think Northport is about the third largest one in the United States; is it not?

Mr. TATE. I would like to add, Mr. Chairman, in conclusion, in the report they point out that they find the present manager there very courteous and cooperative, that the clinical director is a gentleman and is sincere and seems conscientious and is competent, efficient in doing his work and is doing a grand job.

They speak well of the nurses and recommend employment of sufficient number of nurses as soon as available. But they do not recommend Wacs at an institution of this type.

They report that the chief attendant is intelligent and capable and doing a fine job and is well liked by the patients.

They report that the male attendants are greatly understaffed.

It is reported that the dietitian is efficient, capable, and courteous and well qualified.

They point out that the occupational therapy is good but limited in size and recommend enlargement.

There is no recreational director at the present time. Steps are being taken to replace former director, recently deceased.

They say the equipment in surgery is good. They recommend that more modern equipment be placed in X-ray when it is available. [Reading:]

Physiotherapy, modern and well equipped. Should be enlarged on account of increase in patient load. Present aid is competent and efficient.

The CHAIRMAN. How many of those patients are service connected? Do you have any idea?

Mr. KRAABEL. In Roseburg we have 75 World War II service connected and 118 other wars of Regular Establishment service connected, for treatment.

We also have under observation—no; withdraw that. They are not under observation.

It makes a total of 193 service-connected out of the 567.

The CHAIRMAN. Only about one-third of the inmates are service-connected?

Mr. KRAABEL. That is right.

The CHAIRMAN. Does that figure hold good for the entire country? For the other veterans' hospitals?

Mr. KRAABEL. I can give you that, Mr. Chairman.

The service-connected of all facilities are 22,000, out of a total of 66,000. One-third.

The CHAIRMAN. Just one-third of them service-connected.

Mr. SCRIVNER. Mr. Chairman, that might be one of the situations we will be faced with shortly with the shortage of space for service-connected. We may have to be less generous with those that are non-service-connected.

The CHAIRMAN. I think it is one of the things that has to be handled.

Mr. SCRIVNER. You can do that much quicker than these buildings can be built.

Mr. JONES. Mr. Chairman, I have something on the breaking down of men leaving against medical advice by groups or wards.

Mr. SCRIVNER. Well, Mr. Chairman, Mr. Cunningham wants to hear about Aspinwall. I think we ought to go into the records with part of the things we have discussed heretofore.

Mr. JONES. This will go into the record.

The CHAIRMAN. You say you want to hear about Aspinwall?

Mr. SCRIVNER. Yes; Mr. Cunningham is waiting on that. It will run us overtime.

Mr. McQUEEN. You say you have nothing on Portland, Oreg.? What have you on Aspinwall?

Mr. JONES (reading):

Complaints of overcrowding; cold food to bed patients; delay in receiving ward; inadequacy of kitchen; inadequate toilet facilities; inadequate transportation.

The CHAIRMAN. What is the capacity—Aspinwall is an NP hospital?

Mr. JONES. That is a general medical.

The CHAIRMAN. General medical. What capacity?

Mr. JONES. It has 1,134 beds.

The CHAIRMAN. How many patients?

Mr. KRAABEL. 712.

The CHAIRMAN. Then we have a considerable number of beds there available. Of the 712 patients how many of them are service-connected?

Mr. SWENGEL. 413—409.

The CHAIRMAN. 409 out of 712. That is a little more than 50 percent.

Mr. SWENGEL. I stand corrected on that. There is 105. There are 105 service-connected.

The CHAIRMAN. Out of 712?

Mr. SWENGEL. Out of 712.

The CHAIRMAN. 105 service-connected.

Mr. CUNNINGHAM. Do you have any break-down as to where the complaints came from, whether they are service-connected or not service-connected?

Mr. JONES. As I understand, this place was originally constructed for 762 beds and it has been by using the sun parlor and other space that they have increased it to a capacity of 1,134 beds.

The CHAIRMAN. Well, if they were all out of there except the service-connected, you would have almost a thousand vacant beds, would you not?



Mr. JONES. You would have more than that, sir.

Mrs. ROGERS. Is it not also true that women become service-connected cases in the case of the NP's?

The CHAIRMAN. I think there should be a distinction made there.

Mrs. ROGERS. Yes; I agree with you, Mr. Chairman.

The CHAIRMAN. Because the NP patients have to go to some hospital. If there is any change at all made in policy, it certainly should not be made there.

Mrs. ROGERS. They cannot help you with their cases.

Mr. ODOM. Mr. Chairman, it ought to be brought out that a great many of those that are listed there as from service-connected, may be service connected, but they are not there as service-connected.

Mr. KRAABEL. There are 235 World War II boys listed as non-service-connected.

Mr. CUNNINGHAM. Listed as non-service-connected?

Mr. KRAABEL. Yes.

Mr. CUNNINGHAM. There are some listed as service-connected, too?

Mr. KRAABEL. 85 World War II are service-connected.

The CHAIRMAN. Certainly, in this emergency the service-connected should be absolute preference, especially in general medical and surgical hospitals and the TB hospitals.

Mr. KRAABEL. That is the law, Mr. Chairman. The regulation has that as part of the law.

The CHAIRMAN. At the time when that policy of admitting these non-service-connected cases to these hospitals was established, we had a diminishing load of service-connected cases and there were vacancies, but now we have gone through another war and we have a great many—a terrific load of service-connected cases that must be taken care of.

Mr. SCRIVNER. Mr. Chairman, can we go to the next one?

Mr. McQUEEN. Have you finished Aspinwall?

Mr. KRAABEL. I have some comments on it. In the Legion report they stated—

Mr. JONES. This is a—this is a joint report.

Mr. KRAABEL. I have it. I guess it was a joint report here.

Mr. JONES. Yes.

Mr. KRAABEL. It says [reading]:

We feel standards in the veterans' hospital equal those of other hospitals in western Pennsylvania.

But we are convinced the standard of medical service in the veterans' hospitals could be greatly improved by the upgrading of civil-service compensation and incentive to strive for the higher ratings with an increased salary bracket.

Weekly meetings are conducted for the encouragement of research.

Numerous complaints were made about lack of variety of food and the fact it was served cold in the wards.

Hospital kitchen is too small to adequately care for 900 patients.

Crowded conditions in kitchens make it imperative they use old diet kitchens in wards.

To the question—

Are the recreational facilities adequate?—

the answer is:

The recreational facilities are not adequate. Younger veterans of World War II need additional recreation and we strongly recommend the suggestions of Colonel Carroll for additional recreation be provided immediately.

Patients complain about time they are compelled to remain in receiving wards. Lack of medical officers again cause hardship to present staff who are doing their best under present circumstances.

Kitchen should be modernized and could then be kept much cleaner.

Morale has been upset through present publicity and investigations.

Applies to hospital staff as well as patients.

There is definite room for improvement in the transportation facilities to and from the hospital.

Too few contact representatives and lack of secretarial help.

Too few surgeons and physicians to properly care for all patients.

Some individual rooms are overcrowded. Toilet facilities are grossly inadequate.

Morale until present investigation broke was of high standard.

Constant complaints by patients has upset morale at this time.

Construction of new hospitals allotted to Pennsylvania should be started without delay.

Five hundred patients were released from the hospital last month, 66 of which were a. w. o. l., and 9 of whom returned later.

The CHAIRMAN. That is Aspinwall?

Mr. KRAABEL. That is right.

The CHAIRMAN. A. w. o. l. from the general and medical surgical hospital.

They were not TB patients and they were not mental patients.

Mr. CUNNINGHAM. They have TB wards there, Mr. Chairman.

Mr. TATE. Mr. Chairman, that is only a small percent that were against medical advice.

Mr. JONES. We have complaints there by patients that I want to put into the record, and type of treatment they received.

The CHAIRMAN. Without objection, it is so ordered.

(The matter referred to is as follows:)

VETERANS OF FOREIGN WARS OF THE UNITED STATES,  
NATIONAL REHABILITATION SERVICE,  
Washington 5, D. C., July 10, 1945.

Hon. JOE W. MCQUEEN,

*Counsel, World War Veterans' Investigating Committee,  
House of Representatives, Washington, D. C.*

DEAR CAPTAIN MCQUEEN: At the conclusion of the Veterans of Foreign Wars presentation of its hospital survey to the World War Veterans' Committee late the afternoon of June 15, 1945, the chairman of the committee requested that any additional information the veterans' organizations had on the subject to turn it over to you to be inserted in the record.

In compliance therewith there is attached the following:

1. Survey Veterans' Administration Hospital, Minneapolis, Minn.
2. Survey Veterans' Administration Hospital, Sunmount, N. Y.
3. Letter from Albert D. Steen, El Cajon, Calif., giving his views on why patients leave Veterans' Administration hospitals against medical advice; letter from Glenn S. Pidge, 199 C Street, Brawley, Calif., on the same subject.
4. Letter from Ralph J. Brown, McKinneys, Ithaca, N. Y., concerning two patients leaving the veterans' hospital to enter the Biggs Memorial TB Hospital.
5. Letter from Robert T. Hays, Fort Wayne, Ind., attesting to the good care given him in the Veterans' Administration Hospital, Indianapolis, Ind.
6. Letter from H. A. Calkins, regional field director, Veterans of Foreign Wars, submitting a list showing the number of deaths in Veterans' Administration Hospital, Albuquerque, N. Mex., over a period of 6 months. This list gives the ages of the deceased veterans, cause of death, and time spent in the hospital. This corroborates a statement attributed to General Hines that the age and physical condition of the patient at time of entrance into the hospital are important factors to be considered when comparing the number of deaths or cures with private hospitals.
7. Resolution adopted by Corporal Fred J. Grant Post, No. 1481, Veterans of Foreign Wars, Ogden, Utah, concerning war veterans suffering with mental disabilities held in jail while awaiting beds in Veterans' Administration hospitals.

Attached to this resolution is a list of six cases and the time spent in jail while awaiting transfer to Veterans' Administration hospitals.

This and other information of the same nature prompted the Veterans of Foreign Wars to recommend that when beds are not available in Veterans' Administration hospitals that veterans be sent to contract hospitals until beds are made available in Veterans' Administration hospitals.

8. Telegram from A. B. Reid, Commander Post, No. 1988, Veterans of Foreign Wars, Department of Florida, concerning bad treatment given Curtis C. Thomas in the Lake City, Fla., Hospital. Also affidavits by Samuel May and Ransom M. Autry; joint affidavit from Ransom M. Autry and Louis Adkins; affidavits by Paul A. Reynolds, Geat Davis, F. Vernon Jones, and Harry P. Gruber—all pertaining to Veterans' Administration facility, Bay Pines, Fla.

Sincerely yours,

CASEY M. JONES,  
National Service Officer.

#### MINNESOTA (Two Hospitals)

Minneapolis Facility: 826 general medical and surgical beds.

Complaints: Medical care and treatment not entirely satisfactory due to insufficient help (Q. 1).

Lack of administrative authority (Q. 4).

Too much red tape (Q. 5).

No encouragement in research (Q. 7).

Insufficient space for dietary department (Q. 9).

Inadequate recreational facilities (Q. 10).

Unsatisfactory canteen arrangements (Q. 11).

Unsatisfactory medical and clinical arrangements (Q. 12).

Periods of hospitalization too long (Q. 13).

Inadequate ambulance service (Q. 17).

Inadequate contact service (Q. 18).

Overcrowded (Q. 20).

Morale of employees bad (Q. 21).

Insufficient information at discharge (Q. 26).

Recommendations: Construction of 500 additional beds (Q. 22); correction of above complaints (Q. 27).

St. Cloud Facility: 1,570 NP beds. (No report.)

JUNE 15, 1945.

Mr. JEAN A. BRUNNER,

Commander in Chief, Veterans of Foreign Wars,

Care of Casey M. Jones, National Service Officer,

Washington 5, D. C.

DEAR COMRADE BRUNNER: The delay in holding the survey at the Minneapolis Veterans' Hospital was due to inability to get the other two veterans' organization committees to act with ours. The Legion committee decided to make its own investigation and submit its own report. This they have already done. Upon completion of their report, the American Legion submitted their findings to the local press. Our committee has withheld its report from the press and would like to know when we may release it to the press.

1. Question. Are there any general or specific complaints on the medical treatment and hospital care received by the patients? If so, please describe briefly.

Answer. The medical treatment and care received by patients of the Minneapolis facility is not entirely satisfactory for the reason that insufficient help is now employed.

2. Question. Has remedial action been taken by the Veterans' Administration in these cases or others which may have been previously reported?

Answer. The Minneapolis Facility is hiring all the available help it can, but the majority of applicants for these positions are untrained and therefore not particularly interested in the welfare of the patients.

3. Question. What is your opinion of the relative standards of treatment in the veterans' hospitals as compared to the State, county, and municipal institutions in the same area?

Answer. The customary care and treatment received by patients of this facility was found to be superior to that administered by State, county or Minneapolis General Hospital.



4. Question. Do the manager, chief medical officer, and/or clinical director feel they have sufficient authority to run the hospital as efficiently as they might desire?

Answer. No. It was found that the manager, chief medical officer, and clinical director have no jurisdiction in the matter of appointing professional employees.

5. Question. Do they feel that there are undue restrictions and regulations under which they must function? If so, kindly specify in what way.

Answer. There are too many central office regulations and procedure restrictions which hampers the work of the professional employees. There is a needless amount of paper work and red tape which results in unnecessary delays.

6. Question. Do they feel that they have sufficient authority and latitude to employ competent doctors, nurses, and attendants?

Answer. No.

7. Question. Do they have encouragement and support in research, in participating in clinical meetings, symposiums, medical lecture courses, etc.?

Answer. In the past they had no encouragement in the participation in clinical meetings, symposiums, medical lecture courses, research, modern medical practices, and hospital procedure. Members of the medical staff should be compelled to attend medical meetings and advanced study courses in hospital methods and the time devoted to these meetings and study courses should not be charged against their annual leave.

8. Question. Have there been or are there any specific cases of alleged abuse or neglect of patients?

Answer. No complaints were received in regard to abuse or neglect of patients at the time of the survey but there have been cases reported.

9. Question. What definite complaints were received in regard to the quality of food served at this facility? Quantity? Variety? Preparation?

Answer. No complaints were received in regard to the quality of food served in this hospital; however, additional space in the dietary department is required to meet increased demands.

10. Question. Are the recreational facilities adequate?

Answer. The recreational facilities are adequate but the tubercular patients should be separate and apart from other patients and they should be provided with separate facilities.

11. Question. Is the canteen service satisfactory, and are the prices charged veterans reasonable? If not, please describe.

Answer. Yes; except—

(1) Tubercular patients should be provided with their own canteen;

(2) Canteen should be kept cleaner; and

(3) Food should not be served to patients.

12. Question. Are the medical equipment and clinical arrangements satisfactory?

Answer. No. A new surgical building, equipped with the most modern medical appliances, should be provided immediately. There should be separate clinics; one for hospital admissions and hospital patients and one for rating purposes.

13. Question. Are the periods of hospitalization proper? Too long? Too brief?

Answer. Delays in discharge of patients have occurred too frequently. These delays have resulted because doctors have insufficient clerical help to complete discharge records. Periods of hospitalization are, in the main, too long.

14. Question. Do patients feel they are required to remain in receiving wards too long before complete examinations and treatment are started?

Answer. There have been complaints that patients are required to wait longer for treatment to start at the Minneapolis Facility than in private hospitals. The personnel seemed unfamiliar with the causes for these delays.

15. Question. How about cleanliness and neatness in the buildings and on the grounds?

Answer. The buildings and grounds were found to be in splendid condition—if the custodial service of the hospital were on a par with the care given the grounds and buildings, there could be little complaint and morale at the hospital would be better.

16. Question. Is it felt that the discipline and morale of the patients are satisfactory?

Answer. The separation of the tubercular and medical patients would eliminate some of the disciplinary regulations now exercised for the benefit of the tubercular patients. The morale, for the most part, is satisfactory.

17. Question. Are the transportation facilities to and from the hospital adequate?

Answer. There have been complaints that the ambulance service is inadequate and these complaints were checked and verified.

18. Question. Is the contact service considered satisfactory and adequate by the VFW?

Answer. No.

19. Question. How does the ratio of patients to full-time physicians and surgeons, nurses, and attendants in the veterans' hospital compare to that in State, county, and municipal hospitals?

Answer. Favorable. Doctors, recognized as specialists in their respective fields, must be added to the staff immediately.

20. Question. Are the patients too crowded? Is there sufficient floor space per patient?

The Minneapolis Facility is rated as a 666 bed institution but now has 786 beds in use. The result is overcrowding and, in some instances, improper medical care. The condition has lowered the morale of both patients and personnel.

21. Question. How do they find the discipline and morale of the hospital personnel? What are their complaints, if any?

Answer. Elimination of some of the central office regulations (not applicable to all veterans' hospitals) would improve morale and discipline. The morale, in general, is bad.

22. Question. What is your recommendation as to type and number of additional beds that may be required for the new load?

Answer. At present the addition of 500 beds would seem adequate.

23. Question. What percentage of the patients are leaving the hospital against medical advice? Why?

Answer. Not sufficient information to form opinion.

24. Question. Could better personal care be furnished with staff aide program of Wacs trained in hospital routine, thus relieving nurses for more important duties?

Answer. No. Definitely it would lower the morale and discipline of civilian employees.

25. Question. What percentage of patients without dependents leave the hospital against medical advice due to the reduction in pension while being hospitalized?

Answer. Very few.

26. Question. Are there any complaints on the part of the patients regarding the lack of information given them as to their physical condition and advice as to future treatment upon being discharged from the hospital?

Answer. The follow-up service that was several years ago prescribed for and available to certain types of discharged patients is being carried in very few cases at the present time. This service should be mandatory for all tubercular, diabetic, and GI patients.

27. Question. What general or specific recommendations would you offer as to the medical treatment and hospital care of veterans of Veterans' Administration facilities?

Answer. See summary.

#### SUMMARY

1. The veterans' hospitals are approximately 6 months behind first-class hospitals, privately operated, in the use of modern medicine and up-to-date treatment of patients.

*Example:* Sulfa drugs and penicillin were not available at the Minneapolis facility until at least 6 months after these drugs were recognized as beneficial medicines and in general use in private hospitals.

2. Doctors and nurses at the Minneapolis Facility are not able to devote their entire time to the practices of their profession in that they are required to perform administrative duties such as filing, making out forms, which could and should be done by clerical help and which work, being done by doctors and nurses, not only keep them from devoting their full time to their patients but it is a disturbing element, with a tendency to keep them from performing the best work of which they are capable.

3. There is altogether too much red tape and hindering regulations in the securing of medicines and medical supplies.

*Example:* Doctor A prescribed a small amount of medicine for a certain ailment, which was a recognized prescription in private hospitals for this ailment, with the result that after the prescription had been kicked around from one individual to another at the Minneapolis facility, the doctors were finally in-



formed that the prescription would have to be passed upon by Washington. Six months elapsed before any action was taken by Washington and then the prescription was disallowed. In this particular case, the ailment was not serious and the unreasonable delay and final refusal in securing the medicine prescribed by the doctor had no ill effects on the patient, but it is an example of why it is necessary to give doctors at veterans' facilities a freer hand in caring for their patients.

4. Contact, rating boards, and administrative functions in the facility, together with the clinic, should be absolutely separated from the hospital and should operate as a separate unit. In short, the administrative functions of such a facility, in its relation to the hospital, should only be that of furnishing the hospital with the equipment and supplies that such hospital requires, with no power of curtailment of such equipment and supplies. The hospital should be under the complete jurisdiction of the chief medical officer and a designated staff of assistants, subject only to general regulations, emanating from the central office.

5. In spite of the fact that this country has been engaged in the greatest war in history for 3½ years, with over 200,000 veterans in service from the State of Minnesota, not 1 square foot of additional space has been provided to date for the hospital, clinic, or business office of the Minneapolis facility, which, we believe, reflects seriously on the responsible officials charged with the duty of providing adequate space to meet the present situation. The Minneapolis Hospital was built to accommodate 666 patients. Due to lack of foresight, this hospital today is attempting to care for 800 patients, with the result that rooms needed for relaxation of the patients and visiting, such as the day room at building No. 5, is now occupied by seven hospital beds and other rooms in the tuberculosis building are so crowded with beds that the patients might well be sleeping in the same bed.

6. The tuberculosis section of the veterans' hospital should at all times be a distinct and separate unit from the general hospital unit and in no way connected with the same. As far as this committee has been able to learn, the veterans' hospitals are the only places in this country where tubercular patients are permitted in the same hospital with other patients.

The fact that the tuberculosis patients are in a separate building is no answer to the above objection as long as patients from the tuberculosis building and from the general hospital are permitted to intermingle and use the same theater and recreational centers and canteen facilities.

7. The failure of the Veterans' Administration to facilitate the attendance by doctors and nurses, and particularly doctors, at research conferences at regular intervals in order to keep abreast of the times, is deplorable and inexcusable and results in the doctors at the veterans' facilities, unless they possess individual initiative, getting into a rut without any effort on the part of the Veterans' Administration to get them away from practices which, in more modern and up-to-date hospitals, are discarded.

The failure to provide additional space for the clinic, adjudication, contact, rating boards has resulted in overcrowding that does not lend itself to efficiency or proper care of the veterans. The rating boards, which were formerly provided with private rooms where hearings could be held and testimony taken without interference, are now held in an atmosphere of confusion and without any privacy. The failure of the responsible parties to anticipate the postwar load in the veterans' facilities is inexcusable and at the Minneapolis Facility results in inadequate care for the veteran in all phases of the work done by the Veterans' Administration.

R. W. SWAN,  
NATHANIEL DE LUE, Jr.

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VETERANS OF FOREIGN WARS OF THE UNITED STATES,  
DEPARTMENT OF NEW YORK,  
New York 19, N. Y., June 20, 1945.

MR. JACOB A. LATONA,  
Commander, Department of New York, Veterans of Foreign Wars,  
New York 19, N. Y.

DEAR COMRADE LATONA: Enclosed is a report on the Sunmount Facility made by Alexander McQuirk and me on April 8, 1945. It is made to correspond with the questions 1 through 27.

Enclosed also is a menu which shows the kind of food that is being served, and in going through the menus of other periods we find that the menu for the



different days is rotated in such a way that the patients aren't apt to feel that this is Thursday because they are serving slum today.

Here are some additional observations and recommendations:

Nurses: 1, 23 years of age; 7 between 34 and 38; 12 between 41 and 49; 22 between 50 and 59; 3 between 60 and 68. The boys say they are all Florence Nightingales but one.

In the occupational therapy department there is a need for one to teach academic and commercial subjects, which is important to ambulant patients. There also is a need for social-service workers and a full-time Red Cross worker.

The following recommendations are made:

Transfer of two elderly physicians now on duty at the facility. The boys complain about the wisecracks of these doctors, which causes the patients to withhold information about themselves for fear of it bringing forth a string of wisecracks.

Assignment of five more physicians to the facility, qualified in internal medicine or tuberculosis.

The procurement of younger nurses in place of some of those on the staff and hiring of 14 additional nurses.

The assignment of an occupational-therapy aide who is qualified to teach academic and commercial subjects.

The assignment of two social workers (psychiatric).

The filling of the vacant position in the dietetic department, dietitian.

Everything possible is being done to render the highest type of medical service to veterans hospitalized at this facility. If the recommendations can be carried out it is believed that definite improvement in the type of service rendered will be achieved.

Respectfully submitted.

C. BURTON HUSE JR.,  
Vice Commander, Department of New York,  
Veterans of Foreign Wars.

SUNMOUNT FACILITY,  
Sunmount, N. Y., April 8, 1945.

1. Answer. In general no complaints on medical treatment and hospital care. An occasional patient may make a complaint and this is personally looked into by the manager or clinical director, or both.

2. Answer. Remedial action is taken in all cases of justifiable complaints.

3. Answer. Probably superior to most of county, State, and municipal institutions in this area.

4. Answer. Yes; there are certain restrictions because this is a Federal hospital. Budget estimates, requests for additional personnel, structural changes, must be approved by central office, Washington, D. C.

5. Answer. No; all regulations and restrictions are the result of experience and are necessary in most instances.

6. Answer. Have no authority. Are required to use any and all assigned to the facility.

7. Answer. No research facilities, no experimental work permitted on any veteran. They attend every available clinical meeting within the vicinity.

8. Answer. Very few complaints as to quality, quantity, variety, and preparation of food. The menus are planned to conform to the desires of the majority of patients. Have been fortunate in being able to procure ample quantities of all foods except sugar, fresh vegetables, and fruits. Sometimes complaints are received on the preparation of the food and these may be conflicting in regard to the same meal. One individual may report the meat too well done and another will state it is too rare; one will say there is too much seasoning, whereas another will report the same meal lacking in seasoning. The complaints on food are very minimal.

9. Answer. No.

10. Answer. Yes. Movies three or four times a week. USO shows once a month, occasional stage shows; municales; daily request recording program; quiz program once a week; games on the wards; 16 millimeter movies on wards twice a week for infirmaries cases; 18-hole putting course, 2 croquet courses. Baseball games two or three times a week during the summer; Gray Ladies visit wards daily to entertain patients.

11. Answer. Canteen service is satisfactory; prices charged veterans must be approved by supply officer and manager, and these cannot exceed the prices

charged in the local community. Canteen charges 5 cents on all checks up to \$10 and 10 cents on checks over \$10. Concessionaire has to pay bank 10 cents on every check, so he loses money on all checks below \$10.

12. Answer. Yes.

13. Answer. Periods of hospitalization are proper, conform with standards of NTA.

14. Answer. No.

15. Answer. Buildings neat and clean. A new entrance is contemplated and will be built when materials are available. Grounds are beautiful.

16. Answer. Yes.

17. Answer. Yes.

18. Answer. (?)

19. Answer. Veterans' Administration facility.—589 capacity, 560 patients, 13 physicians, 2 dentists, 45 nurses, 55 attendants (hospital), 48 attendants (mess).

20. Answer. Patients not too crowded, floor space varies from 48 square feet to 99 square feet.

21. Answer. Hospital personnel morale good.

22. Answer. If new facilities are built near large cities, there will be no need, in all probability, for any additional beds at Sunmount.

23. Answer. 20.5 percent leave a. m. a. The majority of patients leave because of financial reasons.

Service-connected, single men, to get \$95 additional. Service-connected, married, will have pension reduce if an arrest is attained. Non-service-connected, married, \$50 is not sufficient to maintain family so veteran leaves when he can to supplement this amount with whatever he may be able to earn. Some leave because they are too far away from home, the station is too isolated, the families are unable to travel the distances required very often.

24. Answer. Yes.

25. Answer. Fairly high percentage; figures not available.

26. Answer. No. All patients are shown X-rays, given advice as to when and where to have periodic examinations, type of work which can be done.

27. Answer. All new facilities be built near large cities or medical centers because—

(a) Employees more readily available.

(b) Better markets for food and other supplies.

(c) More patients will be near home.

(d) Full-time professional staff will have opportunity to associate with other members of the profession, take postgraduate courses, attend professional meetings and belong to professional societies, educate their families, etc.

(e) Consulting staff available.

(f) Improvement in morale of all concerned.

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EL CAJON, CALIF., April 24, 1945.

CASEY M. JONES,

*National Service Officer, Veterans of Foreign Wars.*

DEAR COMRADE JONES: In the April Foreign Service you have an article on tuberculosis. Perhaps I can make a small contribution to your knowledge as to why men leave facilities before they are arrested cases. I spent nearly 2 years at San Fernando and during the last 6 months I saw a lot of good men die and came near dying myself, and I am convinced that the main cause of our rapid decline was physical and mental depression.

The Veterans' Administration cannot be blamed for the deterioration in care from insufficient and poorly trained personnel, but it can be blamed for conditions that could have been and should have been corrected 10 years ago, and for failing to use what means are available to reduce noise and to add color to the bleak and cheerless rooms and hallways. Let someone pay an unannounced visit to ward 6 of the San Fernando Facility on a foggy or rainy afternoon and stay until bedtime, keeping eyes and ears open. He'll understand fully, especially if he notices the quantities of sleeping pills and "hypos" being given out.

During my last months there I was unable to sleep day or night without drugs. Since coming home I use none. There are no clatter of utensils from 5 a. m. till 8 p. m., nor chatter of nurses and maids, accentuated rather than deadened by the cheap type of construction of the building. Here I enjoy sufficient space and windows that I don't feel closed in, and on my walls I have color prints of

fine paintings, landscapes of America and Europe reminding me of the past experiences when I weary of reading. I wouldn't go back to that horrible place for all the money at Fort Knox.

Should you care for more information, I'll be glad to give it.

Yours in comradeship,

ALBERT D. STEEN,  
Post, 1512.

BRAWLEY, CALIF., April 26, 1945.

CASEY M. JONES,

National Service Officer, Veterans of Foreign Wars,  
Washington, D. C.

DEAR MR. JONES: I just got through reading the article, Tuberculosis Educational Program, in the Foreign Service magazine.

I read that officials are wondering why veterans leave the veterans' facilities against medical advice.

I am a World War II veteran that has left a Veterans' Administration facility, and I would like you to know my reason. I believe my reason is the same as many other boys who leave the facilities before the doctors say they should.

First of all, my home is more than 200 miles from the nearest Veterans' Administration facility. My folks were only able to come to see me once a year, and then it was nearly impossible because of the gasoline shortage.

Before I left the hospital I had a talk with the clinical director, and he said that I should not leave, and he wondered if I had some complaint against the facility. I said, "No; there was no complaint," and I stated my reason for leaving. I told him I could take the "cure" just as easily at home as I could in the hospital, and I could be more contented, which means plenty in the cure of this disease.

I have been home nearly 10 months now, and I have made splendid progress. While I was in the hospital I made progress against the disease, but it was slow. I wasn't happy there. Mainly I hate hospitals, and I don't want nothing to do with them.

I think it is darn nice of people in Congress and the veterans of different service organizations to have bills passed so we vets in need of care can go to a hospital when we need to, but I also feel that if a person don't want to go, why should he stay in one if he knows and feels he can do just as well on the outside.

Now I am under the care of my own doctor here in my home town, and he sees that I stay in bed and take the cure properly. My home has been investigated by the Public Health Service to see that the living conditions are proper for me and to see how I was going to be situated here. They absolutely approved the whole set-up.

It may be true that lots of the boys who leave the Veterans' Administration facility before they are arrested cases will do a lot of running around and make their condition worse, and then they will have to come back in.

I didn't do that though. I came out of the hospital because I wasn't happy there and I didn't like being so far away from my folks. I came home with the intentions of going to bed and taking the cure till I was arrested. Evidently the clinical director didn't believe I would do that. Well, I have done just what I said I would do, and I have made the progress toward recovery just as I knew I would.

What's the difference of lying in bed in a hospital or at home? Really there is no difference. Therefore, if I am being watched periodically by my own doctor and the Public Health Service and doing as they say, why can't I stay at home and get an arrested case just as easy as a person in the hospital?

Here are several other reasons why I am better off at home than I would be in a hospital:

I have my own room, which is open to the outside on one side. I have better food than they put out at the Veterans' Administration facilities. And when I say better, I mean it. We have our own meat supply here, and I can have all the steaks I want any time I want. We have all the vegetables we can eat from our own supply. I can get more milk here at home. I get the same vitamins at the drug store that the Veterans' Administration facility doctors gave me.

The place where my home is has very little rain at any time in the year. There is absolutely no fog or smoke from factories.



At the Veterans' Administration facility where I was at, they had terrible rain-storms in the winter months, and the wind blew pretty hard, too, to say nothing of the fog clear up until the middle of the summer.

Now, if things are so perfect here for me and I am showing good improvement, just why in hell should I stay in a place where I couldn't have all these things.

The Veterans' Administration facility is a fine thing, and I believe they help a lot of people get well. I believe a person should be in a hospital if they're really sick or need an operation. But I don't believe I should be in one when I can do just as well on the outside, especially when I am proving that I am doing O. K.

Very truly yours,

G. S. P.

*Member, Captain Frank L. Muller Post, 2829, VFW,  
Also DAV American Legion, RVA.*

P. S.—In case this letter is ever printed, please use just my initials. Thanks.

MCKINNEYS,

*Ithaca, N. Y., May 3, 1945.*

CASEY M. JONES,

*National Service Office, Washington, D. C.*

DEAR COMRADE JONES: I see in the last issue of Foreign Service that your committee is trying to educate the veterans in Government hospitals for tuberculosis to stay in the institution until they are cured or their case is arrested.

Well, that is fine, but when the conditions in those hospitals are such that they are unbearable, can you blame the veterans for leaving when they are getting worse all the time instead of getting better.

I know of two veterans here in Ithaca, in the Briggs Memorial Tuberculosis Hospital, who were in a Government hospital and they don't speak very favorably of them; so they got transferred here into a State institution.

There is an article in the April 1945 Reader's Digest on page 45, entitled "The Veterans Betrayed." It speaks of the conditions in the Government tuberculosis hospitals. Also in the May issue 1945 of the Reader's Digest is an article. The Veteran Betrayed, on page 22; it tells of disgusting conditions in the hospitals for mental cases.

I wish you could read those articles so you can see what those boys have to put up with, who have been through hell, and they should have the best of care and the best of treatment. I don't mean to be treated by some damned quack or bum who could not make a living outside of an institution. I believe that these articles will help you with your investigation.

If General Hines and staff are making arrangements for your investigation, there is no doubt but what you will find everything in A-1 condition. I know how inspections turn out when they are expected by institution or individuals. The verdict will be, "No cause for action." I heard General Hines on the radio last week—some mush.

If you read this letter you probably will say, "Just another crank." But I am not; I have been in hospitals and know what some of them are, and I know several veterans who have also been in them so I know what it is and a good many veterans are pretty mad about conditions in the various institutions.

Yours in comradeship,

RALPH J. BROWN,  
V. F. W. 961.

FORT WAYNE 8, IND., April 16, 1945.

MR. OMAR B. KETCHUM,  
*Washington, D. C.*

MY DEAR SIR: Please allow me to say that I have been a patient at the United States Veterans' Hospital at Indianapolis, Ind., several times and I always have had the best medical care, good food, and kind treatment by all of the employees here.

Yours truly,

ROBERT T. HAYS.

VETERANS OF FOREIGN WARS OF THE UNITED STATES,  
NATIONAL REHABILITATION SERVICE,  
Washington 5, D. C., May 10, 1945.

Re death cases, Albuquerque Veterans' Administration Hospital.

CASEY M. JONES,

National Service Officer, Veterans of Foreign Wars,  
Washington, D. C.

DEAR COMRADE JONES: In line with your request of April 14, 1945, we obtained information with reference to the ages of veterans dying in the hospital at Albuquerque, N. Mex., between September 1, 1944, and January 1, 1945, in which the cause of death was tuberculosis or in which tuberculosis appeared to be a contributing factor.

A table showing the date of birth of each veteran who died and the war in which he served is attached.

Yours in comradeship,

H. A. CALKINS,  
Regional Field Director.

Data on deaths occurring in facility during the past 6 months (Albuquerque, N. Mex.)

Reg- ister No.	Date of birth	Date of death	War	Cause of death	Time in hospital
17634	June 17, 1896	Sept. 4, 1944	World War I.	Tbc. pulm. chr. F. A. act. Amyloid dis. kidneys.	26 days.
17728	Jan. 25, 1896	Sept. 19, 1944	do	Pulmonary hemorrhage	20 days.
17341	Sept. 17, 1899	do	do	Tbc. pulm. chr. F. A. act. severe. Tbc. enteritis.	119 days.
15337	July 29, 1895	Sept. 21, 1944	do	Tbc. pulm. F. A. active	714 days.
17710	Mar. 6, 1896	Sept. 22, 1944	do	Tbc. pulm. F. A. active, 4, severe	28 days.
17593	July 23, 1894	Nov. 9, 1944	do	Fungus infection of lungs, extensive. Cirrhosis of liver. Uremia.	101 days.
17881	Mar. 18, 1884	Dec. 5, 1944	do	Adeno-carcinoma of supra clavicular region with metastases.	56 days.
17467	May 26, 1880	Dec. 6, 1944	do	Carcinoma of colon with pulm. metastases.	166 days.
17914	May 1, 1891	Jan. 2, 1945	do	Tbc. pulm. chr. F. A. active, 4, severe	78 days.
11697	Nov. 10, 1875	Jan. 4, 1945	do	Asthma, bron. severe. Pulmonary emphysema, severe, Tbc. pulm. mod. adv. active.	1,721 days.
17433	Nov. 7, 1888	Jan. 17, 1945	do	Cirrhosis of liver. Bronchiectasis. bil. chr.	215 days.
18230	Jan. 13, 1859	Jan. 22, 1945	do	Bronchopneumonia. Cerebral and gen. arteriosclerosis. Bronchitis, chr.	20 days.
17772	Feb. 22, 1894	Feb. 1, 1945	do	Heart disease. Tbc. pulm. F. A. act.	142 days.
15541	Jan. 31, 1893	Feb. 5, 1945	do	Bronchitis, chr. asthmatic. Pulm. emphysema.	56 days.
17483	Dec. 31, 1888	Feb. 12, 1945	do	Tbc. pulm. chr. F. A. act.	249 days.
17096	July 17, 1895	Feb. 15, 1945	do	Tbc. pulm. chr. F. A. act. 4, severe	337 days.
18130	Feb. 24, 1900	Feb. 18, 1945	do	Tbc. pulm. chr. F. A. Tbc. of G. U. tract.	72 days.
17902	Feb. 3, 1895	Mar. 4, 1945	do	Tbc. pulm. chr. F. A. act. 4, severe	141 days.
18526	July 4, 1891	Mar. 10, 1945	do	Tbc. pulm. chr. F. A. active	17 hours.
18000	June 17, 1901	Nov. 11, 1944	World War II.	Pneumonia, atypical. Uremia	4 days.
17999	Dec. 23, 1901	Feb. 28, 1945	do	Tbc. pulm. chr. F. A. active	113 days.
18265	Aug. 10, 1876	Jan. 10, 1945	Spanish-American.	Coronary occlusion; arteriosclerotic heart disease. Tbc. pulm. chr. Pleurisy.	5½ hours.
18175	Apr. 19, 1918	Jan. 29, 1945	Peacetime	Pulm. Tnc. F. A. act. Tbc. enteritis. Tbc. laryngitis.	43 days.

#### RESOLUTION

Whereas it is the desire of every right-thinking citizen in the State of Utah that the veterans being released from service who are physically or mentally ill shall be provided with adequate hospital care; and

Whereas it is apparent that such care is not being provided by the Veterans' Administration and that sufficient facilities are not being provided to care for the large number of disabled veterans that are being released from the armed forces; and

Whereas the records show that an emergency exists, in that veterans mentally ill, who have been committed by court to veteran facilities, are being held in county jails for long periods of time while waiting for accommodations to be made available at veteran facilities; and

Whereas the records show that the turn-over of patents in veteran facilities is so rapid that adequate care is not being provided: Now, therefore, be it

*Resolved*, That an immediate investigation be made by the Congress of the United States of the inadequacy of veteran facilities serving Wyoming, Idaho, Utah, Colorado, and Nevada; and be it further

*Resolved*, That steps be taken immediately to provide temporary facilities pending construction of permanent facilities; and be it further

*Resolved*, That copies of this resolution be forwarded to our United States Senators and Representatives and to the Administrator of the Veterans' Administration.

Adopted by Corporal Fred J. Grant Post No. 1481, Veterans of Foreign Wars of the United States, on this 4th day of April 1945.

Attest:

JOSEPH A. DEYOUNG,  
*Post Commander.*  
WILLIAM WINCHESTER,  
*Post Adjutant.*

#### DATA PERTAINING TO THE INADEQUACY OF CARE BEING FURNISHED BY THE VETERANS' ADMINISTRATION

Following is a record of cases committed by court to veteran facilities from Weber County, Utah:

Case No. 1, jailed, July 22, 1944; sent to Fort Sheridan September 23, 1944.

Case No. 2, jailed, August 25, 1944; sent to Fort Sheridan December 27, 1944.

Case No. 3, jailed, December 16, 1944; sent to Fort Sheridan January 20, 1945.

Case No. 4, jailed January 9, 1945; sent to Fort Sheridan March 23, 1945.

Case No. 5, jailed, February 15, 1945; sent to Fort Sheridan March 23, 1945.

Case No. 6, jailed, March 13, 1945; still held in jail.

Cases 1, 2, and 3 have already been discharged from the hospital in spite of the fact that case No. 3 was of the sporadic violent type.

Records show that 65 percent of all disability discharges are mental cases. Of 129 recently discharged at Fort Douglas in 1 week, 108 cases were mental and 21 cases were surgical.

Veterans' hospital at Salt Lake City which is rated as a 180-bed hospital, has 208 beds in use and has a turn-over as high as 195 cases in 1 month.

Completely equipped 200-bed hospital at Salt Lake air base is not at present being used.

Area served by regional veterans' facility at Salt Lake City, needs a minimum of 500 beds for NP cases, 350 beds for TB cases, and 500 beds for medical and surgical cases at once. At present there are only 208 beds available for all cases.

[Telegram]

GREENCOVER SPRINGS, FLA., June 22, 1945.

NATIONAL HEADQUARTERS,  
*Veterans of Foreign Wars:*

Curtis C. Thomas, 708033, formerly CP 1 First Armed Regiment, received bad treatment Lake City hospital 3 months ago. We deplore necessity of veteran of World War II to have to go to State hospital for treatment for service-connected disability. Urge your immediate action to correct this.

A. B. REID,  
*Commander, Post 1988.*

STATE OF FLORIDA,  
*County of Columbia, ss:*

Comes now Samuel May, who being duly sworn, deposes and says:

That he is a veteran of the War with Spain and has been many times a patient at the veterans' hospital at Lake City, Fla.



That he suffers from arthritis and a heart ailment, and because of his condition is usually given a bed in a private room.

That, although the heart ward is presumably a quiet one, much unnecessary noise is permitted and no discipline apparently is maintained.

Deponent states that, upon his admission to the said hospital, June 6, 1945, he was transferred to the so-called heart ward.

That, Dr. Isaacson, in charge of this ward, called him in for examination, and that the doctor's attitude was brusque and one of extreme skepticism.

That the said Dr. Isaacson examined records 5 or 6 years old, particularly an old electrocardiogram; from this chart he apparently made his diagnosis. His verdict was that the deponent's condition was not in the least serious, and his insinuation was that the deponent was wasting the time of the hospital staff.

Deponent further avers that bed trays are served cold and scantily.

Further deponent sayeth not.

[SEAL]

SAMUEL MAY.

Sworn to and subscribed before me this 18th day of June 1945.

FINLEY MOORE, *Notary Public*.

Commission expires December 7, 1948.

STATE OF FLORIDA,

*County of Columbia, ss:*

Comes now Ransom M. Autry, who being duly sworn deposes and says:

That for approximately 5 years he has been a bed patient in the veterans' hospital at Lake City, Fla.

That the staff of the said veterans' hospital diagnose his illness as due to arthritis and heart disease, with complications.

Deponent states that in the past 2 years in which he has been a bed patient in said hospital he has never been served a hot meal. That many times articles of food, such as butter, bread, toast, and even meats are distributed on the trays by hand and that the hands of the attendants because of their other duties are of doubtful cleanliness.

That frequently because of the handling of food he is unable to eat at all.

That the nursing staff is excellent but that they are so burdened with clerical work that most of the actual nursing is done by cadet nurses or attendants, who, because of lack of training, are inexperienced and often slow.

Further deponent sayeth not.

RANSOM M. AUTREY.

Sworn to and subscribed before me this 18th day of June 1945.

[SEAL]

FINLEY MOORE, *Notary Public*.

Commission expires December 7, 1948.

STATE OF FLORIDA,

*County of Columbia, ss:*

Comes now Ransom M. Autry and Louis Adkins, who being duly sworn, depose and say:

That Clarence F. Kamp entered their four-bed room in ward 5 of the veterans' hospital in Lake City, Fla., where they are bed patients at about 11:45 a. m. Sunday, June 17, 1945, to await the arrival of a third patient.

That Capt. N. S. Carrozza, officer of the day, came to the room, asked Kamp's name and asked for his credentials.

That having seen the said credentials the said Captain Carrozza stated, "There will be no secret investigations here," and ordered the said Kamp off the reservation immediately, accompanying him to the gate.

Further deponents say not.

RANSOM M. AUTRY.

LOUIS ADKINS.

Sworn to and subscribed before me this 18th day of June 1945.

[SEAL]

FINLEY MOORE, *Notary Public*.

Commission expires December 7, 1948.

## STATE OF FLORIDA,

*County of Columbia, ss:*

Comes now Paul A. Reynolds, who being duly sworn, deposes and says:

That he is a veteran of the World War I and a patient.

That he has the highest regard for the service rendered by our Negro citizens in the various branches of the armed services.

That he sincerely feels that the Negro veteran is entitled to every medical and surgical service available to the white veteran.

That especially in the South he feels that both races would profit from complete segregation and that this is not practical in the hospital at Lake City.

That Negroes and whites line up together awaiting their turns at the various laboratories and clinics.

That both races use the same dining room, though at slightly different hours and divided by flimsy screen sheets, and that there is some overlapping of the mess lines.

That white nurses and attendants, both male and female, serve in the Negro wards.

That there is definitely a condition existing which, fanned by some incident, might become very bad indeed.

Further deponent saith not.

PAUL A. REYNOLDS.

Sworn to and subscribed before me this 18th day of June 1945.

[SEAL]

FINLEY MOORE, *Notary Public*.

Commission expires December 7, 1948.

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## STATE OF FLORIDA,

*County of Columbia, ss:*

Comes now Geat Davis, who being duly sworn, deposes and says:

That he is a veteran of the World War I and a patient.

That he has the highest regard for the service rendered by our Negro citizens in the various branches of the armed services.

That he sincerely feels that the Negro veteran is entitled to every medical and surgical service available to the white veteran.

That, especially in the South, he feels that both races would profit from complete segregation, and that this is not practiced in the hospital at Lake City.

That Negroes and whites line up together awaiting their turns at the various laboratories and clinics.

That both races use the same dining room, though at slightly different hours and divided by flimsy screen sheets, and that there is some overlapping of the mess lines.

That white nurses and attendants, both male and female, serve in the Negro wards.

That there is definitely a condition existing which, fanned by some incident, might become very bad indeed.

Further deponent saith not.

GEAT DAVIS.

Sworn to and subscribed before me this 18th day of June 1945.

[SEAL]

FINLEY MOORE, *Notary Public*.

Commission expires December 7, 1948.

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## STATE OF FLORIDA,

*County of Columbia, ss:*

Comes now F. Vernon Jones, who being duly sworn deposes and says:

That, he is a veteran of World War II.

That, his home address is 323 South Fourth Street, Richmond, Va., and, that he is a school teacher by profession.

That, he has been diagnosed as suffering from Hodgkin's disease by such civilian physicians as: Dr. Louie Limbaugh, Jacksonville, Fla.; Dr. W. McL. Shaw, Jacksonville, Fla.; Dr. Ira I. Kaplan, New York City; Dr. Dean Cole, Jacksonville, Fla.; Dr. L. J. Buis, Richmond, Va.

That, he entered the veterans' hospital in Lake City, Fla., May 29, 1945, and that the staff physicians of the hospital accepted and concurred with the diagnosis of the civilian physicians.

Deponent deposes that the physicians of the veterans' hospital agreed that a blood transfusion and X-ray therapy were indicated.

That, though blood-typing, necessary before transfusion, could have been immediately performed it was not done until 17 days later, and, that no transfusion was given until June 16.

Deponent, further says that though the hospital freely admits his need for X-ray therapy and knowing the equipment for this treatment was not available in Lake City, he has not been moved to some other hospital where such equipment is available.

Further deponent saith not.

Done this 18th day of June, in the city of Lake City, county of Columbia, State of Florida.

F. VERNON JONES.

Sworn to and subscribed before me this 18th day of June 1945.

[SEAL]

FINLEY MOORE, *Notary Public*.

AFFIDAVIT AND OPINION OF HARRY P. GRUBER FOR CONGRESSIONAL COMMITTEE  
INVESTIGATING VETERANS' ADMINISTRATION FACILITIES

STATE OF FLORIDA,

*County of Hillsborough, ss:*

Personally appeared before me Harry P. Gruber, who having been duly sworn, deposes and say:

Generally speaking, I received excellent treatment in Bay Pines Veterans' Administration Facility. The administration by Dr. Hughes, the management by Colonel Bryson, and the treatment by Dr. Deane, the heart doctor, could not be excelled; but there are two doctors, viz: Dr. Clapman (initials unknown), the doctor on ward B (receiving); and Dr. Hode, psychiatrist, who are not in the same category.

I arrived at Bay Pines on August 10, 1944, with an extremely severe heart attack, at 5 o'clock in the evening. The heart attack lasted 32 hours. At 3 o'clock in the morning of the 11th, I believed I was dying, and would have had it not been for emergency treatment by a nurse. Friday, the 11th, Dr. Clapman came in and did not even look at me. On the 12th, he came in about 9 o'clock; I saw him on the opposite side of the room and motioned for him to come over; he said, "If you want to see me, come over here. Damned if I am coming to see you!" I said, "This is the first hospital I was ever in where a patient had to get out of bed and go to see the doctor." He said, "Well, there are a lot of people in here who have no right to be here." I said, "Damn you, I earned my right to be here." He took a urinalysis and ordered me for a cystoscopic examination; I was satisfied that it was totally unnecessary. I left the hospital on the 23d, and went straight to the Berryman Laboratories, St. Petersburg, and had a urinalysis taken; and the nurse who made the examination told me that she never had a cleaner report in her life, no pus, no sugar, no albumen.

Dr. Hode thinks the whole world is out of step with him. \* \* \* He interests himself too much in patients over whom he has no jurisdiction.

HARRY P. GRUBER, *Affiant*.

Subscribed and sworn to before me at Tampa, Fla., this 4th day of April 1945.

[SEAL]

AGNES M. BURRESS, *Notary Public*.

My commission expires Aug. 24, 1946.

OPINION

The administrative ability of General Hines and Dr. Griffith, chief medical director, are above reproach. This can be said likewise of the abilities of Colonel Bryson, manager of Bay Pines, and Dr. Hughes, chief medical officer.

The food is excellent, and the treatment is excellent excepting where a patient is under the care of a Jew. The personnel are 95 percent Jew doctors, and the patients are only 2 percent Jewish. That is wrong.

The veterans' hospitals are full of Jews. The doctors examining our boys and sending them to the front are all Jews; but go to the front line dressing stations and you won't find one. This, too, I think is wrong.

HARRY P. GRUBER.



Mr. KRAABEL. What is the next one?

Mr. McQUEEN. Wait a minute. The morale you say until this investigation broke was of high standard, I believe your report was.

In other words, Aspinwall was getting along all right until these articles showed up; is that right?

Mr. TATE. So far as the morale is concerned, that is the report.

Mr. CUNNINGHAM. Your report is May 1.

Mr. KRAABEL. They did not date it.

Mr. CUNNINGHAM. I was there April 2. I found three patients had complaints of a hundred or so.

The CHAIRMAN. How many?

Mr. CUNNINGHAM. Three. One a complaint on food; another a complaint on cold food; which was admitted by those in charge; and the report on the kitchen being inadequate. I think that is correct. They have to serve this—they have to serve the meals in relays, also. They have two servings.

And then the other complaint I have seen—the other complaint is not sufficient examination of one patient.

I found out he is under observation.

Mr. McQUEEN. Is that before or after these articles?

Mr. CUNNINGHAM. After the articles. I understand this investigation was made about May 1.

Mr. KRAABEL. I assume so, Mr. Cunningham. They did not date our report.

Mr. CUNNINGHAM. It appears the morale got worst during April.

Mr. SWENGEL. Our report is dated April 21.

Mr. TATE. Our report is dated April 16.

Mr. CUNNINGHAM. I brought back menus. They looked pretty good.

Mr. TATE. I heard you put them in the record and it is similar to our report.

Mr. JONES. Under the question 21 in this report, speaking of morale—

The CHAIRMAN. I want to say to the committee when we adjourn this afternoon, we will adjourn until Tuesday morning at 10 o'clock. We have put in a whole week here.

Mr. JONES. It says [reading]:

Morale until present investigation broke was of high standard. Constant complaints of patients has upset morale of personnel.

Mr. CUNNINGHAM. Has that increased since the investigation?

Mr. JONES. I would interpret that there have been more complaints since the investigation started.

Mr. CUNNINGHAM. What impressed me the day I was there, I just went through the wards and talked to patient after patient and asked them if they had any complaints and they just did not have them, outside of the three.

Mr. KRAABEL. Mr. Cunningham, the publication of the articles encourages some to speak out, and these complaints came.

Mr. CUNNINGHAM. While I was there it was not long after the Cosmopolitan articles.

Mr. TATE. Question 16 [reading]:

Is it felt that the discipline and morale of the patients are satisfactory?

Answer. No; morale has been upset through present publicity and investigation. Applies to hospital staff as well as patients.

Mr. CUNNINGHAM. The staff is upset.

I have no further questions.

Mr. PICKETT. Do I undersand that there are no specific complaints against either of the four facilities in Texas?

Mr. JONES. Speaking for the VFW, we have no complaints. I think our—I am not quite certain—perhaps there was one facility there that was not covered.

Mr. PICKETT. I believe that Legion was not covered in your reports.

Mr. KRAABEL. I have a very complete answer, I think. Off the record.

(Discussion off the record.)

Mr. JONES. Amarillo was not covered.

Mr. TATE. We have a report on Amarillo.

Mr. JONES. The only thing we did was to recommend better pay for Veterans' Administration staff and personnel.

That is a pretty general thing everywhere.

Mr. KRAABEL. Well, the American Legion answer to that question, Mr. Pickett and Mr. Chairman [reading]:

Whereas, a thorough investigation has been made by the several district commanders appointed by Henry Love, department commander, the American Legion, Department of Texas, to investigate the several United States Veterans' Administration hospitals in Texas, to make their investigations and recommendations; and

Whereas these investigations and recommendations have been made in a most thorough and unbiased manner; and

Whereas the reports covering said investigations have been considered and approved by a special committee appointed by said department commander; and

Whereas these reports indicate that, with few minor exceptions, the Veterans' Administration facilities involved are being operated in a thoroughly satisfactory and efficient manner, due consideration having been given to handicaps related to manpower shortages and other wartime conditions; Be it therefore

*Resolved*, That we express our sincere appreciation to the several managers of the United States veterans' hospitals located in Texas for their excellent work under these trying conditions, for splendid cooperation in all matters of mutual interest with officials and representatives of the American Legion, especially the committees conducting investigation referred to in this report and for their promptness in taking corrective action in all matters relating to such irregularities as were called to their attention; be it further

*Resolved*, That we express full approval and appreciation for the sympathetic consideration shown the patients in these hospitals and for the skill and efficiency of their medical staffs.

Then they sent copies of it. I think the chairman received a copy of it, and the Congressmen.

Mr. McQUEEN. I did not get any.

Mr. KRAABEL. No. But these gentlemen got theirs.

Mr. TATE. We do have a special resolution in reference to Amarillo which is very complimentary to the manager and the hospital. No complaints except the general ones of shortage of additional beds of the other hospitals in Texas.

The CHAIRMAN. Mr. Kraabel, if you desire to do so and if there is no objection on the part of the other members, you can insert your material in the record as requested awhile ago.

Mr. McQUEEN. I understand the records of all of the other hospitals by States will go into the record, for the VFW, the Legion, and the DAV; is that right?

The CHAIRMAN. Yes.

Mr. KRAABEL. I have one other request, Mr. Chairman, that where the name of a patient appears it will be deleted from the record.

Mr. JONES. We do not want that either.

The CHAIRMAN. That especially will be done in the cases of mental patients.

(The reports on veterans' hospitals by States of the American Legion, the Veterans of Foreign Wars, and the Disabled American Veterans were filed with the committee.)

Mr. KRAABEL. We want to thank the honorable chairman and the committee for receiving us.

The survey has been conducted in thoroughly American style and at the request of the national commander.

On the whole the investigations have been made by citizens of the respective States, some of whom may have been patients at one time or another, all of whom are acquainted with veterans like themselves, in the conduct of the several institutions. Their prime purpose was that of finding out, factually, things that might be inadequate or deficient, in behalf of disabled veterans, hospitalized veterans. They have made these in all frankness. They recognize what they see one day may change the next day, but they gave it to you as they saw it.

I want to say further that our staff, the national rehabilitation committee, will be available to the Committee on World War Veterans' Legislation for any further information, which we get every week from traveling field secretaries who are visiting these facilities on the average of twice a year. And we also want to acknowledge that in the day by day work in trying to maintain and upgrade the service to veterans we have been accorded every courtesy on the part of the Administrator of Veterans' Affairs, Gen. Frank T. Hines, the Medical Director, the Assistant Administrator, the Director of Construction, and the several Assistant Medical Directors, heads of the different departments within the Medical and Hospital Service. They have given of their time, of their good will, and have cooperated with us most commendably, from our viewpoint, and I would be less than frank and less than honest if I did not place that in the record.

Our whole purpose is to move ahead in joint effort with this committee and all others interested.

No one individual, no one group, has a first mortgage or a first lien on the welfare of disabled veterans.

I think there runs through all of us the common denominator of respect and human relationship with these boys who have decorated the uniform in this war and the last war.

We are all in the very exacting and at the same time challenging and exhilarating experience of helping out these men so that they may be readjusted back into the civil economy of this country.

We are thankful for the opportunity of working with you and of you working with us.

The CHAIRMAN. Thank you.

Mr. JONES. In behalf of the national commander of the Veterans of Foreign Wars, Mr. Jean A. Brunner, I want to extend appreciation for the courtesies that have been extended to us and, I might add that these reports are all made by persons on the department level, our service officers and department commanders and adjutants. I had nothing to do at all with the making of the reports. I made an honest effort to evaluate the reports as they came to me.



It might be that in some instances I might have gotten one hospital in a category that it should not have been in, and that might be a mistake in judgment or merely error in compiling the reports. I say that I may have made a slight mistake, because I have no desire to lose touch with human rights.

I might add also that over the years we have been going to the veterans' offices, especially the medical director, submitting complaints, and, as stated previously this afternoon, many of those conditions were—that we thought were bad—were corrected. I sincerely hope that out of this investigation with the information we have been able to give you, and the other organizations, that we will make the Veterans' Administration hospitals the best hospitals in the world.

Thank you.

The CHAIRMAN. Thank you very much. You have been very helpful and we are grateful indeed.

Mr. TATE. Mr. Chairman, as was stated by National Commander Milton D. Cohn of the Disabled American Veterans when he appeared before the committee, the surveys made by the DAV were conducted by the rank and file members who are not professional investigators. Many of them are the direct beneficiaries of the institutions that were being investigated. Some of them made complaints.

Our survey as a whole though showed that the Veterans' Administration have done a pretty good job in hospital care, but of course, we found conditions that needed improvement.

We there made certain definite recommendations which we believe to be constructive and which we hope will be helpful to the Veterans' Administration and this committee who join with us, join with all of us, in being interested in seeing that the veterans of wars receive attention.

I, like others, have on many occasions gone to the medical director and members of his staff with criticisms. I think these criticisms have always been constructive rather than destructive, and I must say that in every instance the officials in the Veterans' Administration gave us a willing ear and, generally speaking, we were able to get corrections made that were requested.

The Disabled American Veterans, of course, as was pointed out by Mr. Kraabel, have no lien on the care of disabled men, but our organization has one program and one program only, and that is the welfare of the war disabled, and we are very grateful to the support and sometimes the leadership given in handling these problems by the brother organizations.

We are very grateful too, to this committee, for always giving us an attentive ear, and we have on duty full-time men in most of the Veterans' Administration facilities. We hope in the near future that all will be covered with such men.

And at any time this committee desires any information that we can furnish you only have to call upon us and we will most gladly do so.

I may say that I hope we have been of some help to you in solving this problem, and we are at your command.

The CHAIRMAN. Well, you certainly have been helpful and we are very grateful indeed, and we reserve the right to call any of you back here.

Now, let me say in conclusion, because we are going to adjourn here in a minute, that next Tuesday morning we hope to take up legislation, and we hope the members of your organization will be present, because we have some legislation we want to dispose of before the recess.

Mrs. ROGERS. Mr. Chairman, I would like very much to ask a question. The 21 veterans who reported to me about the assistance you have been to them, and the assistance you have been to them all these years, have certain benefits that they are now enjoying.

Mr. TATE. Yes.

Mr. JONES. Mrs. Rogers, I might add that we are making an honest effort to train men to do the job for their own men.

Mrs. ROGERS. I appreciate that. There is one question I would like to ask, Mr. Chairman, and that is if the veterans of World War II are asking for different things than are the veterans of World War I? Do you find that the requests differ very much?

Mr. JONES. Well, I do not think that they do.

Mr. KRAABEL. I want to add to that, Mrs. Rogers, that there is a disposition on the part of our group to leave many of the things for those men when they are back in numbers to be heard.

There is no attempt to control or interpret their needs and desires.

Mrs. ROGERS. I think you said you want them to lead in your organizations?

The CHAIRMAN. The main desire of these men is to come back home and see that the disabled in this war are properly taken care of.

Mr. JONES. The Veterans of Foreign Wars have established their own schools for these men and, frankly, I would be tickled to death if some of them would step in tomorrow and take my position.

Mrs. ROGERS. We would not want to lose you, Captain.

Mr. TATE. The Disabled American Veterans are training some 200 World War men but we are not conducting our own school. We are giving it through Public Law 116, and we have had two classes of graduates at American University and each semester additional classes come along.

All of these men are disabled veterans of World War II, and many of them are amputation cases. We have one boy with double amputation who drove his automobile down to go to school.

His amputations are below the knee, and we are putting through new classes of that kind every month. And then these men go on to the job placement under the supervision of our officers, and we expect to have a staff of about 500 of these World War II men.

So that you can see that World War II veterans will dominate the Disabled American Veterans.

Mr. KRAABEL. We have had six of the World War II boys go through our shop here in Washington; also there are several throughout the country.

I would like to present to the committee two of the boys now with us, Mr. Ray F. Macdouall and Mr. Lawrence M. Forna.

The CHAIRMAN. We are glad to have you with us.

Now, you have heard my statement this morning on the program of the Communist Party which is in direct conflict with American institutions.

I want to say to you of the veterans' organizations that the more of these men you help to train the better off this country is going

to be, and the fewer of them that get into the hands of this Communist outfit dedicated to the overthrow of this Government, the better off you are going to be.

All right. We will stand adjourned until Tuesday morning at 10 o'clock.

(Whereupon, at 4:10 p. m., the committee adjourned until Tuesday, June 26, 1945, at 10 a. m.)

VETERANS' WELFARE COMMITTEE,  
THE AMERICAN LEGION,  
Kansas City, Mo.

REPORT OF VISIT OF LOYD K. POOL, DEPARTMENT SERVICE OFFICER

Name of hospital: Veterans' Administration facility.

Address: Excelsior Springs, Mo. (tubercular, 283 beds).

Date of visit: April 12, 1945.

1. Question. Are there any general or specific complaints on the medical treatment and hospital care received by the patients? If so, please describe briefly.

Answer. None.

2. Question. Has remedial action been taken by the Veterans' Administration in these cases or others which may have been previously reported?

Answer. None necessary.

3. Question. What is your opinion of the relative standards of treatment in the veterans' hospitals as compared to the State, county, and municipal institutions in the same area?

Answer. Would state that treatment is of higher standard than State, county, and municipal institutions in the same area.

4. Question. Do the manager, chief medical officer, and/or clinical director feel they have sufficient authority to run the hospital as efficiently as they might desire?

Answer. Yes.

5. Question. Do they feel that there are undue restrictions and regulations under which they must function? If so, kindly specify in what way.

Answer. No.

6. Question. Do they feel they have sufficient authority and latitude to employ competent doctors, nurses, and attendants?

Answer. Yes, but unable to obtain sufficient nurses and attendants, due to shortage.

7. Question. Do they have encouragement and support in research, in participating in clinical meetings, symposiums, medical lecture courses, etc.?

Answer. Yes.

8. Question. What definite complaints, if any, are there as to the quality, quantity, variety, and preparation of food in the veterans' hospitals?

Answer. Boys all stated that food was of good quality and in abundance.

9. Question. Have there been or are there any specific cases of alleged abuse or neglect of patients?

Answer. None called to our attention.

10. Question. Are the recreational facilities adequate?

Answer. Yes.

11. Question. Is the canteen service satisfactory, and are the prices charged veterans reasonable? If not, please describe.

Answer. Yes.

12. Question. Are the medical equipment and clinical arrangements satisfactory?

Answer. Yes, for the present establishment.

13. Question. Are the periods of hospitalization proper? Too long? Too brief?

Answer. Nature of disease treated requires long-time treatment.

14. Question. Do patients feel they are required to remain in receiving wards too long before complete examinations and treatment are started?

Answer. No.

15. Question. How about cleanliness and neatness in the buildings and on the grounds?

Answer. Found the building, halls, offices, wards, kitchen, and storage rooms all to be in excellent order. A very high degree of cleanliness is evidently maintained by the management.



16. Question. Is it felt that the discipline and morale of the patients are satisfactory?

Answer. Yes; for type of patient, would say that it is "out of the ordinary."

17. Question. Are the transportation facilities to and from the hospital adequate?

Answer. Yes.

18. Question. Is the contact service considered satisfactory and adequate by the American Legion?

Answer. Yes.

19. Question. How does the ratio of patients to full-time physicians and surgeons, nurses, and attendants in the veterans' hospitals compare to that in State, county, and municipal institutions?

Answer. Per ratio of doctors and attendants is higher than in our own State institutions. Eleven doctors now handling 233 patients. One State institution we know of has only 5 doctors for 500 patients.

20. Question. Are the patients too crowded? Is there sufficient floor space per patient?

Answer. At present time hospital is not crowded.

21. Question. How do you find the discipline and morale of the hospital personnel? What are their complaints, if any?

Answer. Did not receive complaints from employees when I talked to them, seemed to all regard manager and assistants very highly.

22. Question. What is your recommendation as to type and number of additional beds that may be required for the new load?

Answer. Arrangement now being made for Veterans' Administration to build another building which, together with present building, will accommodate 500 tubercular patients at this facility.

23. Question. What percentage of the patients are leaving the hospital against medical advice? Why?

Answer. Very small percentage leave against medical advice. One patient signed out this week and gave his reason as follows: Read an article about veterans' hospitals in Cosmopolitan magazine. See remarks for further information on this.

24. Question. What percentage of patients without dependents leave the hospitals against medical advice due to the reduction in pension while being hospitalized?

Answer. None called to our attention.

25. Question. Could better personal care be furnished with staff aide program of Waacs trained in hospital routine, thus relieving nurses for more important duties?

Answer. Understand Army is furnishing 50 orderlies and attendants as soon as house arrangements can be completed for them. They are needed as staff is overworked.

26. Question. Are there any complaints on the part of the patients regarding the lack of information given them as to their physical condition and advice as to future treatment upon being discharged from the hospital?

Answer. All patients seemed to be well informed as to their condition and as to what treatment would be necessary.

27. Question. What general or specific recommendations would you offer as to the medical treatment and hospital care of veterans in Veterans' Administration facilities?

Answer. Another dietitian is needed. Will state that the manager and his staff showed me every courtesy and afforded me every opportunity to converse with the patients privately.

Remarks: This tubercular hospital seems to be doing wonderful work for veterans hospitalized there. One case in which a veteran left against medical advice was occasioned by a veteran reading an article about veterans' hospitals, which was published by the Cosmopolitan magazine. The veteran in his own handwriting gave that as his reason for leaving the hospital. Investigation of this veteran's case file shows that he was admitted to the hospital May 17, 1944, and discharged March 7, 1945. He weighed 140 pounds at the time he was admitted to the hospital, at time of discharge 165 pounds. His condition was much improved and it was the opinion of the board that he would have become an arrested case in approximately 4 months later. This veteran was given numerous examinations and obtained the benefit of nine special board consultations during the period of his hospitalization. It is to be regretted this veteran did not remain until a cure could have been effected.

We were given the opportunity of examining files on several patients and we were very much surprised to see in the file of one case, a letter from the parents and other members of the veteran's family in writing to the management after the veteran had died in the hospital praising the doctors and attendants very highly for the care which had been accorded this veteran. The letter stated that the veteran himself had often spoken of the nice manner in which he was treated.

It is well known that a tubercular patient is the most difficult type of patient, in that he must take long periods of rest and must eat certain foods, when apparently he is feeling all right. It is a hardship for a patient to realize his condition when he is able to be up, walk around and does not cough.

After talking to every patient in this hospital we were pleased to see that the management has been successful in selling the proper method of treatment to these veterans. The only cases that complained, and we might state that they were not complaining about their treatment or the hospital personnel, were ones from other States who were so far away from home that they were unable to be visited by relatives.

JEFFERSON BARRACKS, MO. (GENERAL MEDICAL AND SURGICAL, 605 BEDS)

1. Question. Are there any general or specific complaints on medical treatment and hospital care received by patients? If so, please describe briefly.

Answer. There are no general complaints about the medical treatment and hospital care. We have had some specific complaints but nothing that would merit a direct charge or accusation against the management or personnel.

2. Question. Has remedial action been taken by the Veterans' Administration in these cases or others which have been previously reported?

Answer. Whenever complaints come in, investigation is made and remedial action is taken at once to remove the cause and prevent similar occurrence in the future, if possible. The back-injury cases are making complaints at this time that they were misinformed as to the equipment available and treatment at the time they were sent to the veterans' hospital, and that they are not receiving as good treatment as they received in Army hospitals.

3. Question. What in your opinion are the relative standards of treatment in the veterans' hospitals as compared to State, county, and municipal institutions in the same area?

Answer. In most cases it is superior to the private hospital. As is well known at this time, a serious shortage of nurses has curtailed the services formerly given at private institutions, yet we are not concerned with the latter. We expect only the best at the Veterans' Administration hospitals and will be satisfied with no less.

4. Question. Do manager, chief medical officer, and/or clinical director feel they have sufficient authority to run the hospital as efficiently as they might desire?

Answer. From observation, it is our opinion that more leeway should be given to the management. Too much of this "through the channels" is very well for clerical work, but not appropriate for service of treating the sick. Awaiting the outcome and results of certain new medication in one particular hospital before allowing its use at all institutions, is most untimely and unfair to the patients. Certainly we do not want experimentation, but where certain of the sulfa drugs are approved, it behooves the Veterans' Administration to immediately and forthwith place such medication at the disposal of the hospital.

5. Question. Do they feel that there are undue restrictions and regulations under which they must function? If so, kindly specify in what way.

Answer. Again from observation, "restrictions and regulations" where breach should be judged with tolerance, it has been the policy of the Veterans' Administration by "remote control" to harass and threaten the management and personnel for any deviation from the prescribed manual and too often, transfers have been effected. Today, in most Veterans' Administration institutions everything is of the mechanical nature—not near enough of the human element—the friendly man-to-man relationship existing between family doctor and patient; entirely too much "by the book."

6. Question. Do they feel they have sufficient authority and latitude to employ competent doctors, nurses, and attendants?

Answer. The lack of authority to hire or secure competent doctors in the locality of the institution is a severe handicap. In a large medical center such



as St. Louis, many young doctors could be recommended by the staff of the college and university who show exceptional aptitude and who would become valuable personnel if recruited properly and placed on the pay roll, pending the routine of civil service appointment.

7. Question. Do they have encouragement and support in research, in participating in clinical meetings, symposiums, medical lecture courses, etc?

Answer. Yes. Courses. Clinical meetings, once or more a week. Opportunity to attend all staff meetings at Jefferson Barracks and St. Louis County Medical Society and any national or local special medical meetings. Staff is encouraged to write up and present interesting problem cases.

8. Question. What definite complaints, if any, are there as to the quality, quantity, variety, and preparation of food in the veterans' hospital?

Answer. There are always complaints from some patients, but I believe the food problem is expertly handled in the general medical hospital with many different diets.

9. Question. Have there been or are there any specific cases of alleged abuse or neglect of patients?

Answer. None that I know of that have proven to have a basis of fact—of course, there are always a few complaints.

10. Question. Are the recreational facilities adequate?

Answer. On this reservation there are "decidedly" not enough recreational facilities. Steps should be taken immediately to enlarge the outdoor facilities and area to enhance the probable participation of patients in any endeavor for the therapeutic value of recreation and participation therein. Occupational therapy should have more room for a diversified field.

11. Question. Is the canteen service satisfactory and are the prices charged veterans reasonable? If not, please describe.

Answer. Exceptionally poor. It is operated by a disgruntled ex-employee of the Veterans' Administration kitchen and his wife—the attitude seems to be that the customer is a "damned nuisance." Any change would be better.

12. Question. Are the medical equipment and clinical arrangements satisfactory?

Answer. Yes; generally. Special equipment for back injury cases has not been procured although orders have been placed some time ago. Operating room OK. Laboratory too small and often inadequately staffed. Everything should be done to facilitate an early delivery and installation of equipment on order. Certain items of medical equipment have become outmoded and obsolete. It is believed that this equipment should be replaced and in view of the closing of certain Army installations, some of this equipment should be immediately available from the Army and Navy surplus.

13. Question. Are periods of hospitalization proper? Too long? Too brief?

Answer. Periods of hospitalization appear satisfactory. There are infrequent cases of too long hospitalization and during 1944 many patients were transferred to domiciliary care at Wood, Dayton, and Wadsworth. Only infrequent cases of complaints are heard concerning too short hospital treatment. The members of the medical staff are frequently reminded that it is their duty to treat patients as long as hospital treatment is indicated and not to discharge them before maximum benefit has been attained. Likewise they are reminded that patients should not be retained in the hospital after maximum benefit has been attained. It is believed that close attention has been paid to this situation by the staff.

14. Question. Do patients feel they are required to remain in receiving wards too long before complete examination and treatment is started?

Answer. No. This situation has been cleared up in the past 6 months. Acutely and seriously ill patients as well as patients found in need of emergency operation are transferred to the indicated treatment wards at once. All patients are transferred to treatment wards as soon as the examination indicates the proper ward. The average length of stay on reception ward is less than 2 days.

15. Question. How about cleanliness and neatness in the building and on the grounds?

Answer. Cleanliness and neatness satisfactory, but not as it would be if all attendant vacancies were filled. There has been for several months not only a shortage in number of attendants but also in quality and a very rapid turnover in the help which makes for inefficiency. The hospital and grounds compares very favorably with similar local institutions.

16. Question. Is it felt that the discipline and morale of the patients is satisfactory?



Answer. In nearly all cases the morale of the patients is very good. There are some cases that require some adjustment, such as moving to another ward and more detailed personal attention by the physician. Disciplinary discharges in 1944 number four. The cooperation of patients and management appear excellent and only occasional incidents require any action. Morale generally excellent.

17. Question. Are the transportation facilities to and from the hospital adequate?

Answer. No. There is only one bus that comes to the hospital and this bus runs every hour. It is the only transportation to the door of the hospital and in nearly all cases the employees make nearly three and four changes of streetcars and busses before reaching the barracks. It costs 40 cents per day to come to the hospital and return home. A more comprehensive study of transportation is necessary. A survey of the passenger load from point of origin to home should be made.

The Public Service Co. who operate streetcar and bus system in St. Louis and St. Louis County would put in better service if the ODT would cooperate. Believe an appeal to State public service commission would get results.

18. Question. Is the contact service considered satisfactory and adequate by the American Legion?

Answer. We as an organization should start immediately a school for part-time counselors—men who would be available for certain days of the week at the regional office and in the community to advise and counsel the boys in the benefits of legislation accruing to them. Many men of the organization could give one-half day a week, but they do need schooling before they attempt the difficult case load soon to be thrust upon us.

19. Question. How does the ratio of patients to full-time physicians and surgeons, nurses, and attendants in the Veterans' Administration compare to that of State, county, and municipal institutions?

Answer. That would be a useless comparison. We are interested in giving our veterans more and better care. There could be any ratio which would gainsay proper and sufficient nursing or surgical care is being supplied. What is ample today may be too little tomorrow. Let us be certain that enough of each are on hand to do the job.

20. Question. (a) Are the patients too crowded? (b) Is there sufficient floor space per patient?

Answer. (a) Yes. (b) No.

Now is the time for the planning for the future. This faulty Jefferson Barracks Veterans' Hospital is inadequate for the probable case load. We must eliminate waiting lists. Too many that need attention "now" cannot get it, and the need will be more acute each day, each week for the next 10 years.

21. Question. How do you find the discipline and morale of the hospital personnel? What are their complaints?

Answer. The morale of the personnel of this facility is very, very good.

22. Question. What is your recommendation as to the type and number of additional beds that may be required for the new load?

Answer. If this hospital is to remain a general hospital, diagnostic facilities should be installed to the end that a quick transfer can be made to the proper facility for the handling of indicated diagnoses. St. Louis being the recognized medical center of the world, every advantage of this condition of fact should be utilized. Deed as much acreage from the War Department to the Veterans' Administration as is needed from Jefferson Barracks proper. Make a survey of the facilities at the post for possible use in the care of patients. Enlarge present general hospital to 1,000 to 1,500 beds. Immediate remodeling of administration building, making a ward of space occupied at present by the out-patient department and build a new administration building to house manager, personnel, utility, supply officer, contact officers, service officers and Red Cross; the type of structure that might be enlarged, if and when needed.

23. Question. What percentage of patients are leaving the hospital against medical advice?

Answer. 0.051. Majority are World War II men who are sent here by the Army and Navy. They have been away from home a long time—usually have spent a long time in the service hospital. When they arrive near home and find they are out of the Army and that the Veterans' Administration authorities cannot force them to stay in the hospital, they simply sign out against medical advice, in order to go home. A few sign out when they begin to feel better but before

maximum benefit has been obtained in order to get back to work. A. w. o. l., usually when patient gets a short pass to go home and although maximum benefit has not been attained, he feels better and stays home without notifying the hospital. These combined 0.068 percent total 3,612, a. m. a. 185, a. w. o. l. 63.

24. Question. What percentage of patients without dependents leave the hospital against medical advice due to the reduction in pension while being hospitalized?

Answer. Mostly single men, but they usually wait until emergency has ceased to exist. Many do not enter because of this provision and go to outside hospitals.

25. Question. Could better personal care be furnished with staff aide program of Wacs trained in hospital routine, thus relieving nurses for more important duties?

Answer. At this time, the nursing situation is good—3 vacancies, 605 beds—61 nurses, 504 patients—8.25 per nurse—24.75 (3 shifts). As present, 28 senior cadet nurses. Wacs are not needed at this time for nursing assistants. Serious shortage of male attendants (now Army limited servicemen is apparently the best immediate relief).

26. Question. Are there any complaints on the part of patients regarding the lack of information given them as to their physical condition and advice as to the future treatment upon being discharged from the hospital?

Answer. Yes. However, every inquirer is told that if he gives written consent, we can summarize his condition for his physician and if rehospitalization becomes necessary, he can return to the Veterans' Administration hospital. Also given advice as to continued treatment at home regarding medical treatment, diet, etc. If any social disease is present, he is referred to social service for the arrangement of treatment at home after discharge from the hospital.

27. Question. What general or specific recommendations would you offer as to the medical treatment and hospital care of veterans in Veterans' Administration Hospitals?

Answer (a) First and foremost, a blood bank.

(b) Establish facilities for orthopedic treatment.

(c) Better transportation for patients, employees, and visitors.

(d) Increase in recreational facilities.

(e) Increase in contact service.

(f) Assignment of Army personnel on attendant level (as an emergency).

(g) Enlarge 1,000 to 1,500 beds.

(h) Additional TB beds as to be made available.

(i) Additional NP beds as to be made available.

(j) Increase in canteen space and efficiency of operation of same.

(k) Expansion and installation of modern physiotherapy and occupational-therapy equipment.

(l) Establishment of over-all and organized plan for post graduate instructions for Veterans' Administration medical officers and suitable encouragement of research.

Submitted by:

MARTIN A. BEFFA,  
*Rehabilitation and Hospitalization Commission.*  
JOHN J. WESLING,  
*Department Service Officer.*

VETERANS OF FOREIGN WARS OF THE UNITED STATES,  
NATIONAL REHABILITATION SERVICE,  
Washington 5, D. C.

#### MISSOURI (TWO HOSPITALS)

Jefferson Barracks: 605 general medical and surgical beds.

Complaints: Lack of administrative authority; inadequate recreational facilities; inadequate transportation; insufficient contact service.

Recommendations: Replacement of disabled and over-age physicians; annual postgraduate course for physicians; liberalization of dental regulations; outpatient treatment for permanent and total veterans; authorization for 100 additional beds.

Excelsior Springs Facility: 283 TB beds (no report).



REPORT OF INVESTIGATION OF VETERANS' ADMINISTRATION FACILITY No. 92, BY W. T. PARRETT, SERVICE OFFICER, DEPARTMENT OF MISSOURI, VETERANS OF FOREIGN WARS

1. Question. Are there any general or specific complaints on the medical treatment and hospital care received by the patients? If so, please describe briefly.

Answer. There seems to be a minimum of complaints at Jefferson Barracks. It is impossible to eliminate all complaints in any hospital. Sick people are hard to please, and some veterans feel that it is the doctor's fault if they do not respond to the treatment given. This kind of complaint may be heard from patients in any hospital outside the Veterans' Administration. I feel that this veterans' hospital will compare favorably on complaints with any hospital in or out of the Veterans' Administration.

2. Question. Has remedial action been taken by the Veterans' Administration in these cases or others which may have been previously reported?

Answer. In every instance known to the Veterans of Foreign Wars complaints are promptly considered and all remedial action possible taken.

3. Question. What is your opinion of the relative standards of treatment in the veterans' hospitals as compared to the State, county, and municipal institutions in the same area?

Answer. It is felt that the veterans' hospital at Jefferson Barracks compares favorably here. However, it must be remembered that every patient is either getting monetary benefits or is a potential claimant. This is where many complaints originate. Disappointment over failure to get a pension will cause the claimant to get sore at the doctor and disagree with the diagnosis. Due to this angle a veterans' hospital will always be criticized. But for purely medical treatment the veterans' hospital here is as good as any in this section.

4. Question. Do the manager, chief medical officer, and/or clinical director feel they have sufficient authority to run the hospital as efficiently as they might desire?

Answer. The answer is emphatically "No." All their employes are sent to them by civil service. Not so long ago the veterans' hospital here was desperately in need of more technicians. One was found close by and after approval was sent to another facility. More authority should be given the chief medical officer in every hospital. The responsibility is his. He should also have proper authority.

5. Question. Do they feel that there are undue restrictions and regulations under which they must function? If so, kindly specify in what way.

Answer. This question in effect is answered under question 4. It should be added that the arrangement of officers and floor space for beds, etc., should be left to the discretion of the chief medical officer.

6. Question. Do they feel they have sufficient authority and latitude to employ competent doctors, nurses, and attendants?

Answer. Again refer to answer to No. 4. The answer is "No."

7. Question. Do they have encouragement and support in research, in participating in clinical meetings, symposiums, medical lecture courses, etc.?

Answer. Absolutely not. Annual leave is granted for this sort of function, but a physician must pay his own expenses. It is recommended that expenses be allowed for this in the future and it become a required function of the Veterans' Administration for doctors to attend these lecture courses, clinical meetings, etc.

8. Question. What definite complaints, if any, are there as to the quality, quantity, variety, and preparation of food in the veterans' hospitals?

Answer. None. Attached is menu as evidence. We personally inspected the food, found it of fine quality, ample quantity, and in every way satisfactory. There are four dietitians on duty. And, in addition, another is authorized.

9. Question. Have there been or are there any specific cases of alleged abuse or neglect of patients?

Answer. There are always some complaints of this kind. Some are unfounded, but all are promptly investigated by proper authority and disposition made on the merits of each complaint.

10. Question. Are the recreational facilities adequate?

Answer. No; I've never seen a hospital of the Veterans' Administration that had adequate recreational facilities. However, these facilities at Jefferson Barracks compare favorably with any other veterans' hospital.

11. Question. Is the canteen service satisfactory, and are the prices charged veterans reasonable? If not, please describe.



Answer. This service appears adequate. As to prices I personally ate lunch there. The lunch is as follows: Hamburger steak with gravy, mashed potatoes, stewed carrots, cake, bread, coffee; price, 45 cents.

12. Question. Are the medical equipment and clinical arrangements satisfactory?

Answer. Arrangements are made to take care of this. Equipment has been ordered, etc.

13. Question. Are the periods of hospitalization proper? Too long? Too brief?

Answer. Attached is a copy of discharges for 1944. A complete turn-over every 2 months is shown. This seems adequate.

14. Question. Do patients feel they are required to remain in receiving wards too long before complete examinations and treatment are started?

Answer. No complaints on this score.

15. Question. How about cleanliness and neatness in the buildings and on the grounds?

Answer. Everything is absolutely all right along this line.

16. Question. Is it felt that the discipline and morale of the patients are satisfactory?

Answer. I received no complaints on this item.

17. Question. Are the transportation facilities to and from the hospital adequate?

Answer. No. It costs 40 cents per day for employees of hospital to get to work. It takes more than an hour due to the transfers, etc. This should be investigated and some arrangement made to alleviate a bad situation.

18. Question. Is the contact service considered satisfactory and adequate by the VFW?

Answer. Not entirely; only one man, a contact representative, is on duty. When he is on the wards or out his office is vacant. A secretary should be assigned to this office. She should type clinical records or keep busy at something and at the same time be there when the patients come in. The office should by all means be occupied at all times by someone.

19. Question. How does the ratio of patients to full-time physicians and surgeons, nurses, and attendants in the veterans' hospital compare to that in State, county, and municipal institutions?

Answer. From what I can find out the veterans' hospitals are in a favorable position here.

20. Question. Are the patients too crowded? Is there sufficient floor space per patient?

Answer. There are 10 wards here and 3.1 extra beds have been added to each ward. This is not a problem in overcrowding, in my estimation.

21. Question. How do they find the discipline and morale of the hospital personnel? What are their complaints, if any?

Answer. This is an old problem. The Veterans' Administration has been guilty of penny pinching on wages and salaries. It is known that the dietitians, nurses, attendants, and perhaps others are not adequately paid for the services they render. The Veterans' Administration will never have proper discipline and morale until proper salaries are paid.

22. Question. What is your recommendation as to type and number of additional beds that may be required for the new load?

Answer. There is plenty of space here for 100 more beds. These should be added as soon as possible. I cannot estimate the number of beds needed in excess of what we have plus the 100 mentioned above. However, I do feel that the Veterans' Administration should have had this problem worked out already. Maybe they have.

23. Question. What percentage of the patients are leaving the hospital against medical advice? Why?

Answer. The record for 1944 shows that out of a total of 3,612 patients discharged, 185 were a. m. a. A goodly number of these were boys transferred to Veterans' Administration from the armed forces. They want to go home and in many cases the trip home is the best medicine they could have. Others go because they refuse operations or because they feel they are needed at home. The Veterans' Administration has no police powers and can hold a man only as long as he will stay.

24. Question. Could better personal care be furnished with staff aide program of Wacs trained in hospital routine, thus relieving nurses for more important duties?

Answer. No. It is felt that we only need nurses and attendants. The attendants should be men. It is no job for a woman.

25. Question. What percentage of patients without dependents leave the hospitals against medical advice due to the reduction in pension while being hospitalized?

Answer. I can't answer this question and I doubt if anyone else can.

26. Question. Are there any complaints on the part of the patients regarding the lack of information given them as to their physical condition and advice as to future treatment upon being discharged from the hospital?

Answer. This is an old problem. There are complaints, especially from permanent and total men under regulation 1 (a) part III. Men with pernicious anemia, diabetes, etc., who have to take medicine constantly should be furnished medicine by the out-patient division. This would be cheaper on the Government than a constant coming and going from the veterans' hospital. It would also prolong the lives of the men.

27. Question. What general or specific recommendations would you offer as to the medical treatment and hospital care of veterans in Veterans' Administration facilities?

Answer. In answer to question 27 there are certain specific things that need to be done. In my estimation to improve all veterans' hospitals the following recommendations are made:

(1) There are quite a number of doctors in the veterans' hospitals who have been with the administration for many years. They have developed severe disabilities which cut their efficiency perhaps 50 percent. Why these doctors have been kept on through the years is a mystery to the average layman. Of course we realize that there is an emergency. Just as soon as it is at all possible these doctors with severe disabilities should by all means be retired.

(2) It has been known for many years that there are certain groups in the Veterans' Administration who are underpaid. The Veterans of Foreign Wars is on record for a general raise for Veterans' Administration employees. In my estimation it is impossible to improve the services, as they should be in our hospitals, so long as some of the employees are on a salary that does not meet ordinary expenses. It is specifically recommended that the following groups have a substantial increase in pay: Attendants, nurses, and dietitians. It is not known just what the pay of the other employees is. However, if the pay of any group is below standard it should be adjusted immediately.

(3) In the past whatever lecture courses, symposiums, etc., that the doctors of the Veterans' Administration attended, had to be at their own expense. It is recommended that the Veterans' Administration work out a plan whereby the doctors could attend at least one of these lecture courses each year with expenses paid, such as per diem and transportation. In this way our doctors would be up to date. They should not be expected to pay their own expenses to this type of thing.

(4) The most asinine thing I have observed about the Veterans' Administration policy is the rules and regulations governing dental work, especially that part referred to as "auxiliary treatment." They make a set of teeth for a veteran to improve his arthritis, for instance. About 50 percent of the time the teeth don't fit but the Veterans' Administration will not realine the teeth or fix them in any way so they will fit. The result is the veteran carries his teeth in his hip pocket. This means that the entire initial effort to improve the man's health has been wasted, when less than a dollars worth of material and just a little more time would give the veteran a set of teeth that he could use. It is recommended that dental clinics be permitted to make teeth that fit.

(5) It is recommended that out-patient medicine be furnished free by the Veterans' Administration for all permanent and total non-service-connected pensions where constant medication is required. This type of case includes pernicious anemia, diabetes, and diseases of like nature. This is the cheapest way out for the Government and the best way out for the veteran, and the cost would be very little. These veterans are continuously in and out of our veterans' hospitals. Arrangements to give them medicine would, in my estimation, keep them in a condition where hospitalization would not be necessary.

In conclusion let me say that the Veterans of Foreign Wars feel that the hospital set-up at Jefferson Barracks rates favorably with any of the other hospitals. We have the utmost confidence in the integrity, ability, and honesty of

the chief medical officer, Dr. German, and the clinical director, Dr. Edwards. Also, we find the nurses really on the job. It is felt that outside of those problems which are purely local in nature, that this veterans' hospital does not have any problems arising from negligence or lack of ability on the part of those who are in authority.

Respectfully submitted.

W. T. PARRETT, *Service Officer.*

*Discharges from hospital at Jefferson Barracks, Mo., for 1944*

Maximum benefit.....	2, 511
Transfers .....	240
Deceased.....	299
Against medical advice.....	185
Absent without leave.....	63
Observation completed .....	65
Treatment completed.....	94
No treatment required.....	87
Examination completed .....	36
Emergency no longer exists.....	21
Disciplinary .....	4
Not entitled to hospitalization .....	3
Terminal cases .....	4
Total.....	3, 612



## Daily routine and special diet menus at Jefferson Barracks, Mo., for Saturday, Apr. 7, 1945

Regular	Light	Soft	Mechanica	Salt free	Sippy	Low res	Bland
Applesauce Cornmeal mush Sausage Toast and butter Coffee, milk	Applesauce Cornmeal mush Soft creamed eggs Toast and butter Coffee, tea, or milk	Same as light	Same as light	Applesauce Salt free cornmeal Soft cooked eggs Toast, salt free butter Cocoa, milk	Applesauce Cream of Wheat Soft cooked eggs Toast and butter Coffee, tea, or milk Same as soft	Same as sippy Same as soft (ice cream soup)	Same as sippy Same as soft
Baked chicken, noodles Green beans Cream slaw Caramel bread pudding Bread and butter Coffee, tea	Buttered beets Cream soup Baked chicken and noodles Green bean soufflé Caramel bread pudding Bread and butter Coffee, tea or milk	Cream soup and noodles Green bean soufflé Bread and butter Caramel bread pudding Coffee, tea or milk	Same as soft	Salt free creamed chicken and noodles Salt free green beans Toast, salt free butter Caramel bread pudding Cocoa, milk	Cream soup Cottage cheese Special escalloped potatoes Pumpkin Special fruit cup Bread and butter Cocoa, milk	Cold sliced beef Escalloped potatoes Pumpkin Bread and butter Special fruit cup Cocoa, milk	Same as low res Cream soup
Cold meats Hot potato salad Lettuce with mayonnaise Fruit cup Bread and butter Coffee, tea or milk	Coffee, tea or milk Special escalloped potatoes Lettuce Fruit cup Bread and butter Coffee, tea or milk	Special escalloped potatoes Pumpkin Special fruit cup Bread and butter Special fruit cup Coffee, tea or milk	Same as soft	Cold slaw, beef Salt free Escalloped potatoes Eggplant and tomatoes Fruit cup Bread, salt free butter Cocoa, milk	Cream soup Cottage cheese Special escalloped potatoes Pumpkin Special fruit cup Bread and butter Cocoa, milk		

Diabetic	Obesity	High regular	Low fat	High	High calcium	High protein	High vitamin
Dehydrated applesauce Cornmeal mush Egg Bread and butter Coffee, tea, or skim milk	Dehydrated applesauce Cornmeal mush Egg Bread and butter Coffee, tea, or skim milk	Regular white or whole wheat bread	Applesauce Cornmeal mush Egg Bread and jelly Coffee, tea, or skim milk	Regular white, jelly and juice	Regular white, jelly and juice	Regular white, egg (no sausage)	Regular white or whole wheat bread, egg

Baked chicken Noodles Cottage slaw Green beans Beets Dehydrated pears Bread and butter Dehydrated pears Coffee, tea, or milk Cold slaw, beef Potato Lettuce Eggplant and tomatoes Pumpkin Bread and butter Dehydrated pears Coffee, tea, or milk	Baked chicken Slaw Green beans Beets Dehydrated pears Coffee, tea, or skim milk Bread and butter Cold slaw, beef Potato Tomato and eggplant Bread and butter Dehydrated pears Coffee, tea, or skim milk	Regular white or whole wheat bread, beets Regular white or whole wheat bread, tomato, eggplant	Fruit juice Baked chicken Noodles Green beans Bread and jelly Pear halves Coffee, tea, or skim milk Fruit juice Cold slaw, beef Potato Lettuce Bread and butter Coffee, tea, or skim milk Fruit cup	Regular white, jelly, juice Regular white, jelly, juice	Regular white, jelly and soup Regular white, jelly and soup	Regular white, large serving chicken Regular white, large serving meat, egg-nog	Regular white or whole wheat bread, or whole wheat eggplant Regular white or whole wheat bread, potato and eggplant
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W. A. GERMAN, M. D.,  
M. Z. ZEUMER,  
R. V. EDWARDS, M. C.,  
*Clinical Director.*

DISABLED AMERICAN VETERANS,  
ERNESTINE SCHUMANN-HEINK MISSOURI CHAPTER No. 2,  
Kansas City, Mo., April 4, 1945.

MILTON D. COHN,

*National Commander, Disabled American Veterans,*

*Washington 4, D. C.*

DEAR COMMANDER COHN: We have concluded our investigation, and herewith send you the answers to the questions that you sent to me.

This report concerns the veterans' hospitals at Excelsior Springs, Mo., and at Wadsworth, Kans.

Wadsworth is in our sphere of influence, as we have more veterans at Wadsworth than at Excelsior Springs, Mo.

1. Answer. Patients say they are not doing anything for me. The doctors do not seem to know what is wrong with me. This complaint is generally unfounded. Too many veterans' facility doctors seem to feel that they are restrained from speaking frankly with the patients while they are under treatment. This is also a failing with private physicians. The Veterans' Administration should not be held responsible.

2. Answer. No. This could be remedied by instructions from the central office.

3. Answer. Standards are higher in veterans' hospitals.

4. Answer. We believe that regulations hamper their authority to a certain extent.

5. Answer. No.

6. Answer. No. This is handled through central office.

7. Answer. They are encouraged to attend local meetings of the county medical association and regular lecture courses. A small percentage attend.

8. Answer. No complaint as to quality. There is some complaint as to quantity, variety, and preparation. The complaint as to quantity, variety, and preparation invariably comes from bed patients. The complaint is no more than from any sick person.

9. Answer. Very little, and this is invariably the fault of the patient by not being cooperative.

10. Answer. Excellent.

11. Answer. Excelsior Springs Hospital service satisfactory and prices reasonable. Wadsworth, Kans., Hospital main canteen too far from the hospital but prices are satisfactory. They have a small canteen in the hospital but no equipment for ice-cream sodas or other fountain drinks. At Wadsworth the bed patients seem to have trouble getting their compensation and pension checks cashed promptly.

12. Answer. Yes; with the exception of out-patient equipment at the regional office in Kansas City, Mo.

13. Answer. Generally speaking, yes. NP observation is too brief. Out-patient examinations for rating purposes should be held for observation in TB and NP cases.

14. Answer. Yes.

15. Answer. Excellent.

16. Answer. Generally, yes; except in isolated cases.

17. Answer. Yes.

18. Answer. Yes.

19. Answer. Physicians excel. Nurses and attendants about the same; both short.

20. Answer. Patients are not crowded. There is sufficient floor space.

21. Answer. The morale is very good. The complaints are principally from the attendants. Too many bosses. Not enough help.

22. Answer. Either holding too many beds for emergency, or not enough total beds. Need more special beds for treatment of Buerger's disease.

23. Answer. Ratio about 1 in 25 patients. Passes to go home not frequent enough in TB cases. But in compensation while in the hospital.

25. Answer. Yes; as a temporary measure except in TB and NP hospitals.

25. Answer. About 50 percent.

26. Answer. Yes. This, however, is unfounded. Our national service officer frequently sits on discharge boards and hears excellent advice given to each patient discharged.

27. Answer. There treatment is too much of a routine. There should be more individual consideration of the patient, especially in ordered examinations.

We believe that all TB and NP hospitals should be equipped with a lunch room available to all patients who require lengthy hospitalization. We further recom-

ment that TB patients be permitted more frequent passes to go home. We believe this would cut down a. m. a. discharges.

We further recommend that the medical personnel display an attitude of understanding as to the compensation and pension system.

Too many doctors seem to believe that the average patient is interested in compensation and pension more than they are in recovering their health, and do not hesitate to tell the individual patient as much.

Relative to the employment of personnel for the manning of hospitals, we have this observation to make. As we understand the present plan for the appointment of medical officers and nurses, same are all appointed from a centralized register in Washington, D. C. This means that the nurses and doctors who are recruited for duty in the hospitals of the Midwest are quite often men and women who are from some other part of the country and who are not particularly well satisfied to live in the Midwest, and who further are not too well acquainted with the personality and type of veterans that they are trying to serve. It is our belief that the service would be materially improved if the centralized register for the selection of nurses and medical officers could be decentralized to the field offices the same as other personnel appointments have been decentralized.

We have a feeling that possibly the salary schedule is too low to attract the most experienced and best of medical personnel. We would like to suggest further that the Veterans' Administration should make use of the outstanding physicians in every community by appointing more of those men on the consultant staff of our hospitals and an adequate salary should be provided for these consultants.

Yours in comradeship,

ROSCOE G. DARNALL,  
*Adjutant, Chairman,*

ARCH M. HALE,  
*National Service Officer, Member.*

THOMAS E. MILLER,  
*Commander, Member,*

*Ernestine Schumann-Heink Chapter No. 2, Kansas City, Mo.*

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DISABLED AMERICAN VETERANS,  
ST. LOUIS CHAPTER No. 1,  
St. Louis, Mo., March 29, 1945.

Mr. MILTON D. COHN,

*National Commander, Disabled American Veterans,*

*Washington, D. C.*

DEAR COMRADE COHN: In compliance with your request that an independent investigation of our veterans' hospital at Jefferson Baracks be made at the earliest possible time, I am pleased to now advise you that I appointed a committee of three, consisting of Peter M. Griffin, national junior vice commander; William E. Leach, national service officer for the eastern half of the State of Missouri; and myself.

In answer to question 1: We found that as a whole, the patients seemed satisfied with the treatment afforded.

In answer to question 2: I can definitely say that when complaints are made to the manager or to the clinical director, investigation is made and remedial action is taken at once to remove the cause and prevent similar occurrence in the future, if possible.

The back injury cases are making complaints at this time that they were misinformed as to the equipment available at the time they were sent to this hospital and that they are not receiving as good treatment as they received in Army hospitals.

In answer to question 3: We find that treatment compares very favorably with any or all.

In answer to question 4: Of course, the manager and clinical director were evasive and noncommittal when questioned on this subject.

In answer to question 5: They were again noncommittal when questioned on this subject. However, it is the committee's contention that they do not have sufficient authority to run the hospital as they might desire because of the limitations imposed by central office at Washington, as they are permitted only the use of approved drugs, supplies, and equipment. We definitely feel that more authority should be delegated to these officers.



In answer to question 6: Of course, they have no authority in the matter of appointing doctors or nurses. They, of course, formerly had authority to choose employees, their own nurses, but not at this time. They do have authority to employ attendants.

In answer to question 7: Yes. Courses. Clinical meetings once or more each week, also to attend all autopsies. Opportunity to attend all staff meetings at Jefferson Barracks, St. Louis County Medical Society, and any national or local special medical meetings. Staff is encouraged to write up and present interesting problem cases.

In answer to question 8: About 30 days ago we made a definite complaint regarding the food being cold when served to bed patients. We took this matter up with the clinical director and at the time of this investigation we find this condition has been remedied and that the food with regards to the quality, quantity, and variety appears to be very satisfactory.

In answer to question 9: We have found no specific case of abuse or neglect of the patients.

In answer to question 10: The recreational facilities in our opinion are outmoded and definitely inadequate at this time. We feel that a more comprehensive plan of recreation should be afforded; i. e., an indoor swimming pool, a gymnasium which would afford the orthopedic cases an opportunity to strengthen muscles injured by gunshot wound or in other ways which would alleviate atrophy from disuse and, of course, strengthen the injured members.

In answer to question 11: With reference to the canteen service, we find the canteen prices compare very favorably with downtown prices on food and other articles sold. For some time insufficient help made service rather inferior. However, at the present time there appears to be enough help. The handling of visitors has not always been satisfactory. However, many complaints which were registered and which have been investigated were found to be the result of remarks made by an employee of the canteen. The manager of the facility requested the canteen manager to discharge this employee who frequently made insulting remarks to visitors, patients, and employees. Since that person was discharged much less complaint has been heard. Cigarettes can be bought about half the time at cost that compares favorably with downtown prices and satisfactory arrangements are in effect to supply patients with cigarettes when they cannot be purchased at the canteen. Sanitary inspections are satisfactory. Many complaints are being registered concerning the variety of food. However, meats are very difficult for them to procure.

In answer to question 12: We find that medical equipment and clinical arrangements are generally satisfactory. However, special equipment for back injury cases which we are told were ordered quite some time ago have not been procured. This equipment is certainly necessary and every effort should be made to assure delivery at Jefferson Barracks Hospital immediately.

In answer to question 13: With regard to hospitalization being too long or too brief, we find that the period of hospitalization appears satisfactory. There are infrequent cases, of course, of too long period of hospitalization and during the year 1944 many patients were transferred to domiciliary care at Wood, Dayton, and Wadsworth. Only very infrequent cases of complaints are heard concerning too short hospital treatment. The members of the medical staff are frequently reminded that it is their duty to treat patients as long as hospital treatment is indicated and not to discharge them before maximum benefit has been attained. Likewise they are reminded that patients should not be retained in the hospital after maximum benefit has been attained. It is believed by this committee that close attention is paid to this situation by the staff.

In answer to question 14: Heretofore in many instances many patients were required to remain on receiving wards for too long a period. About 6 months ago a member of this committee complained to the proper authority about this situation. We find that it has now been cleared up and at the present time we find the acutely and seriously ill patients, as well as patients found in need of emergency operations, are transferred to the indicated treatment wards at once. All patients are transferred to treatment wards as soon as the examinations indicate the proper ward. The average length of stay on the receiving ward is now less than 48 hours.

In answer to question 15: This committee found that cleanliness and neatness, while not entirely satisfactory, are considered good, considering the shortage in number of attendants and the rapid turn-over in this type of help which makes

for inefficiency. This help falling in the lower-salary brackets is definitely hard to keep satisfied in view of the ever-increasing cost of living, and we feel that an increase in salary for help in this category should be immediately forthcoming. The hospital grounds compare very similarly with local institutions.

In answer to question 16: In nearly all cases the morale of patients is very good. There are some cases that require some adjustment such, as moving to another ward and more detailed personal attention by the physician. We found that disciplinary discharges in 1944 numbered only four. The cooperation of patients and management appeared excellent and only occasional instances required any action. Morale generally is excellent.

In answer to question 17: The transportation facilities to and from the veterans' hospital is certainly inadequate. There is only one bus that comes to the hospital and this bus runs every hour until noon and then every half hour. It is the only transportation to the door of the hospital. In nearly all cases employees make three to four changes of streetcars and busses before they reach the Jefferson Barracks bus. The cost is 40 cents per day for fare to come to the hospital and return home. This in itself is a good reason why employees in this lower salary bracket cannot afford to accept positions at the hospital.

In answer to question 18: The admissions to this hospital during 1944 were over 3,600. It is not considered possible for one contact man working 5 days per week to contact all these men and perform indicated services for those requiring assistance. Much time is consumed in taking care of the critically and seriously ill patients; thus requiring the passing up of interviews of many who may need some service. The various organization service officers are assisting along this line, but apparently the volume of work is too great for one Government contact officer to handle.

In answer to question 19: Generally, the ratio favors the Veterans' Administration.

In answer to question 20: One 31-bed ward has been vacated of beds and is being temporarily used by the Army supernumerary officers sent here to examine out-patients. This has resulted in the temporary placement of an over-all average of 3.1 beds on each of 10 wards over the official capacity. This is much less than the earlier considered emergency expansion called for. There is no crowding since the census is 504 this date and no ward is completely filled.

In answer to question 21: The chief complaint is the desire of a revision of employees' salary, especially in the lower brackets.

In answer to question 22: To enlarge the present general hospital to 800 beds, by immediate remodeling of administration building, making a ward of space occupied at present by out-patient department and building an administration building to house manager, personnel, utility, supply officer, contact officer, service officers, and Red Cross. Type of structure that might be enlarged if and when needed: build an NP and also a TB hospital in the area or enlarge hospital and TB hospital in a group for hospital treatment of all types of diseases.

In answer to question 23: The percentage is 0.051. The majority of World War II men who are sent here by the Army and Navy have been away from home a long time and usually a long time in a service hospital. When they arrive near home, and find they are out of the service and that the Veterans' Administration cannot force them to stay in the hospital, they simply sign out a. m. a. to go home. A few sign out when they begin to feel better before maximum benefit has been attained in order to get back to work. Those leaving a. w. o. l. are the patients who get a short pass home, and although maximum benefit has not been attained, because they are feeling better they feel that they will continue to improve and of course fail to notify the hospital. Those leaving on an a. m. a. basis during the calendar year of 1944 were 185. Those leaving a. w. o. l. 63, giving a combined average of 0.068 percent of a total of 3,612 patients.

In answer to question 24: At this time the nursing situation is good; 3 vacancies, 605 beds, 61 nursing nurses caring for 504 patients, percentage of 8.25 per nurse, 24.78 (3 shifts). At present 28 senior cadet nurses. Therefore, the committee feels that Wacs are not needed at this time for nursing assistance. However, there is a serious shortage of male attendants and it is our recommendation that Army limited-service men be arranged for as apparently the best immediate relief.

In answer to question 25: This is a hard question to answer because members of this committee have not kept records as to the percentage. However, we do know of several cases who have either failed to avail themselves of hospitalization or who left the hospital because of reduction in pension while being hospitalized



and when queried on this subject, their answer was the fact that their expenses on the outside continued, such as room rent, payment of insurance premiums, and other financial obligations which they had previously contracted for.

In answer to question No. 26. Yes. However, every inquirer is told that if he gives written consent the Veterans' Administration will summarize his condition for his physician and if rehospitalization becomes necessary, he can return to the Veterans' Administration hospital. Also give advice as to the continued treatment at home with regard to medical treatment, diet, etc. If any social disease is present he is referred to the social service for arrangement of treatment at home after discharge from the hospital.

In answer to question 27:

- (a) Better transportation for employees and patients.
- (b) Increase recreational facilities.
- (c) Enlargement from 750 to 800 beds.
- (d) Assignment of Army personnel at attendant level.
- (e) Additional TB beds to be made available.
- (f) Additional NP beds to be made available.
- (g) Increase in canteen space.
- (h) Expansion and installation of modern PT and OT equipment.
- (i) Establishment of an over-all organized plan of postgraduate instruction for all Veterans' Administration medical officers and suitable encouragement of research.
- (j) Increase space for drug department.
- (k) Increase space for laboratory.
- (l) Increase space for OT shop.

The committee when asked for a break-down of hospital cases checked and found the following: 2,511 patients discharged after having received maximum benefits. There were 240 transferred cases. There were 299 deceased. Those leaving a. w. o. l., 63. The number of observation cases completed were 65. Treatment completed essentially cured, 94. Those discharged because no treatment was required, 87. Those men hospitalized and examined in hospital for out-patient services, such as spinal, GI series, etc., 36. There were 21 discharged by reason of emergency termination. There were four disciplinary discharges and three discharged by reason of nonentitlement. There were four terminal cases discharged.

We found in 1944 there were 2,529 physiotherapy treatments given. There were 9,336 X-rays, E. K. G.'s and basal metabolisms given. There were 458 major operations and 1,247 minor operations. The druggist filled 63,928 prescriptions. There were 43,921 clinical laboratory examinations. This all based on approximate 3,600 over-all hospital load.

In checking the library we found that they have 6,214 books on hand and 53 issues of current magazines.

The committee further feels that the present staff of officers are capable, sincere, sympathetic, and highly cooperative with our organization. It is our opinion that the major complaints as registered above in this report could and should be remedied by central office.

WILLIAM M. GORDER,  
*Commander, St. Louis Chapter No. 1, Chairman.*  
PETER M. GRIFFIN,  
*National Vice Commander, Member.*  
WILLIAM E. LEACH,  
*National Service Officer.*

#### QUESTIONS TO BE ANSWERED AS TO EACH VETERANS HOSPITAL

Name of hospital: Veterans' Administration facility.

Address: Fort Harrison, Mont. (General Medical and Surgical, 384 beds).

1. Question. Are there any general or specific complaints on the medical treatment and hospital care received by the patients? If so, please describe briefly.

Answer. We have interviewed individually 95 percent of the patients and find that there are no bona fide complaints regarding hospital care or treatment. It is the predominant comment of the patients to express appreciation for their unusual good care while in the facility. It is the practice of the discharge board to interrogate each patient and ascertain if they have any complaints. If there are any omissions or complaints as to treatment, an opportunity is given for correction before leaving.



2. Question. Has remedial action been taken by the Veterans' Administration in these cases or others which may have been previously reported?

Answer. It is our opinion from investigation when any complaints have been registered, they have been corrected.

3. Question. What is your opinion of the relative standards of treatment in the veterans' hospitals as compared to the State, county, and municipal institutions in the same area?

Answer. Comments have been favorable as to completeness of examinations and adequacy of treatment, and it is our impression that they are practicing a higher standard of hospital treatment by reason of the fact their examinations are more extensive and thorough.

4. Question. Do the manager, chief medical officer and/or clinical director feel they have sufficient authority to run the hospital as efficiently as they might desire?

Answer. They feel they are restricted by regulations in the hiring of additional employees in emergency. Present regulations make it mandatory that they first have approval through central office in Washington and too many times help as listed on civil service is not as competent as that obtained by personal selection.

5. Question. Do they feel that there are undue restrictions and regulations under which they must function? If so, kindly specify in what way.

Answer. Yes; as noted in answer to question No. 4.

6. Question. Do they feel they have sufficient authority and latitude to employ competent doctors, nurses, and attendants?

Answer. As to doctors and nurses, no complaint. Salary authorized for attendants not adequate to compete with salaries offered by other employers, not only by private industry but in all other Government agencies.

7. Question. Do they have encouragement and support in research, in participating in clinical meetings, symposiums, medical lecture courses, etc?

Answer. We are convinced that adequate opportunity is not offered the medical staff for research, visiting other clinics for special training and medical meetings. To our knowledge no Veterans' Administration postgraduate courses have been available to physicians of the Fort Harrison facility for the past 5 years. We are informed the United States Army is providing special training at schools for Army medical officers and doctors of other facilities of the Veterans' Administration are given opportunity to attend these Army schools.

We recommend that adequate provisions be made for substitute or relief doctors, so that the members of the medical staff of this facility be accorded this same opportunity. By denial of this opportunity certainly does not add any encouragement or to the morale of the members of the medical staff.

8. Question. What definite complaints, if any, are there as to the quality, quantity, variety, and preparation of food in the veterans' hospitals?

Answer. None.

9. Question. Have there been or are there any specific cases of alleged abuse or neglect of patients?

Answer. None whatever.

10. Question. Are the recreational facilities adequate?

Answer. No. The present recreational center is separated from main hospital building by approximately two city blocks, which denies its use to the vast majority of the patients.

We recommend that adequate building or buildings for recreation purposes be erected and attached to the present main building or be connected by an enclosed ramp, in order that the recreational facilities would be available for all classes of patients regardless of weather conditions. This would greatly increase the morale of the average patient.

In anticipation of increased load at the facility we recommend that a recreational director be assigned to this facility for at the present time this work is done by Mrs. Ashton, who is also librarian, which is a job in itself.

There is definitely a field for occupational therapy here, especially for the veterans of this war who are young and are in need of encouragement and help, as well as the benefit they will derive from being physically occupied.

11. Question. Is the canteen service satisfactory, and are the prices charged veterans reasonable? If not, please describe.

Answer. Yes.

12. Question. Are the medical equipment and clinical arrangements satisfactory?

Answer. Yes.

13. Question. Are the periods of hospitalization proper? Too long? Too brief?

Answer. Due to the lack of personnel and the overcrowding of the hospital, hospitalization has tended to be too long rather than too brief. Some cases could be discharged at an earlier date if adequate help were possible to expedite all the routine procedures. We definitely recommend that secretarial assistants be assigned on this to expedite the work so that it can be properly processed to the rating board.

At the present time approximately 90 cases are being held up after examination is completed for lack of this secretarial help.

14. Question. Do patients feel they are required to remain in receiving wards too long before complete examinations and treatment are started?

Answer. In some cases the patients are kept on the reception ward for routine examinations, delaying their surgical treatment for which they applied for hospitalization to an extent that they feel it embarrasses their circumstances at home, and in some cases patients have preferred discharge to remaining for completion of surgical treatment. This particularly applies to farmers and ranchers.

15. Question. How about cleanliness and neatness in the buildings and on the grounds?

Answer. Buildings and grounds are in excellent condition and are being continually improved on.

16. Question. Is it felt that the discipline and morale of the patients are satisfactory?

Answer. Very satisfactory.

17. Are the transportation facilities to and from the hospital adequate?

Answer. Yes.

18. Question. Is the contact service considered satisfactory and adequate by the American Legion?

Answer. Satisfactory.

19. Question. How does the ratio of patients to full-time physicians and surgeons, nurses, and attendants in the veterans' hospital compare to that in State, county, and municipal institutions?

Answer. Veterans' hospital far superior.

20. Question. Are the patients too crowded? Is there sufficient floor space per patient?

Answer. Yes. This is due to number of emergency beds allowed.

21. Question. How do you find the discipline and morale of the hospital personnel? What are their complaints, if any?

Answer. Satisfactory.

22. Question. What is your recommendation as to type and number of additional beds that may be required for the new load?

Answer. There is at present a 200-bed Army hospital attached to the present veterans' facility. This has been surveyed and turned over to the Veterans' Administration; is fully equipped and ready for use, pending the assignment of the necessary personnel. We recommend as follows:

1. That one ward of approximately 30 beds be immediately opened to relieve the congestion in the main unit.

2. That consideration be given to the opening of one or more wards for the handling of tubercular patients.

3. That the other wards be opened as soon as personnel is available.

It is our opinion that this hospital, which is fully equipped and in excellent condition and available on 24 hours' notice, should be used and not allowed to lie dormant as it is at the present time.

23. Question. What percentage of the patients are leaving the hospital against medical advice? Why?

Answer. 2.83 percent; average the last 6-month period. Refer to answer question No. 14.

24. Question. What percentage of patients without dependents leave the hospitals against medical advice due to the reduction in pension while being hospitalized?

Answer. Only one case to our knowledge.

25. Question. Could better personal care be furnished with staff aide program of Waes trained in hospital routine, thus relieving nurses for more important duties?

Answer. We believe that civilian employees would be more satisfactory.

26. Question. Are there any complaints on the part of the patients regarding the lack of information given them as to their physical condition and advice as to future treatment upon being discharged from the hospital?

Answer. No justifiable complaints. This, in our opinion, should be left entirely to the judgment and discretion of the medical staff.

27. Question. What general or specific recommendations would you offer as to the medical treatment and hospital care of veterans in Veterans' Administration facilities?

Answer. It is felt that more personnel in all categories—doctors, nurses, attendants, janitors, and clerical help—would expedite and facilitate hospital treatment and examination for rating purposes.

We specifically recommend that the rate of pay of attendants, janitors, and clerical should be revised upward to meet the competition in other governmental agencies and private employers in this class of workers.

JAMES E. KRIEGH,  
E. F. NAEGELE,  
HERBERT KIBLER,

*Members of Committee, American Legion, Montana.*

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VETERANS OF FOREIGN WARS OF THE UNITED STATES,  
NATIONAL REHABILITATION SERVICE,  
Washington 5, D. C.

MONTANA (ONE HOSPITAL)

Fort Harrison Facility, Fort Harrison: General hospital. 384 beds.

One veteran, Jos. Reagan, C-1352349, files affidavit of complaint. Otherwise, understaffed; lack of recreational facilities.

Recommendations: Correction of above. Increase bed capacity to 750.

Remarks: Salaries generally too low; too much paper work.

Complaints: Inadequate isolation or quarantine provisions. Inadequate occupational therapy. Inadequate canteen. Inadequate laboratory facilities.

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VETERANS OF FOREIGN WARS OF THE UNITED STATES,  
DEPARTMENT OF MONTANA,  
Forsyth, Mont., May 9, 1945.

Mr. JEAN BRUNNER,

*Commander in Chief, Veterans of Foreign Wars of the United States,  
(Through channels.)*

REPORT ON INSPECTION OF VETERANS' ADMINISTRATION FACILITY, STATE OF MONTANA

At the request of Vern Kelly, commander of the Department of Montana, Veterans of Foreign Wars, I made an official investigation of the veterans' hospital located at Fort Harrison, Mont. This investigation consumed three entire days, from 9 a. m. to 5 p. m., and was made on May 1, 2, and 3, 1945.

When I arrived at Fort Harrison on May 1, the manager of the Veterans' Administration, Dr. Watts, was contacted and interviewed first, and I asked and received from him the privilege and the authority to make this investigation as completely as I desired, and in my own special way. During the course of my inspection, every patient was contacted; every member of the medical staff, the chief nurse and several members of her staff were interviewed. The dietitian, laboratory technician, and many of the minor personnel were personally interviewed. I ate three meals at the hospital, one of which was at the patients' table and the other two at the table reserved for the personnel, and I found no difference in the menus for either group. I stopped and examined the food trucks going to the various wards on each day. All the different departments of the hospital were examined, as well as the nurses' homes, orderlies' quarters, canteen, and the library, and also made a general survey of the grounds surrounding the hospital. I feel that my inspection was thorough and my findings accurate. I was treated courteously by the hospital personnel and they all appeared to talk freely and cooperated nicely when asked for their suggestions as to where the Veterans' Administration could be improved.

The findings of my inspection are attached hereto, arranged according to the questions asked by our national organization.

Yours in comradeship,

H. J. HUENE, M. D.



## INSPECTION REPORT, VETERANS' ADMINISTRATION, MONTANA, BY DEPARTMENT OF MONTANA, VETERANS OF FOREIGN WARS, MAY 1 TO 3, INCLUSIVE, 1945

1. Question. Are there any general or specific complaints on the medical treatment and hospital care received by the patients? If so, please describe briefly.

Answer. No special complaints were received from the patients as to their treatment or their hospital care.

Several patients registered a complaint about having patients placed approximate to them in the ward whose condition was undiagnosed and who appeared to have some sort of infectious diseases, such as TB, skin disease, or erysipelas, and who were later diagnosed as such and transferred to other quarters. Three patients asked why this hospital did not have occupational therapy facilities.

2. Question. Has remedial action been taken by the Veterans' Administration in these cases or others which may have been previously reported?

Answer. The manager and the chief medical officer expressed themselves as feeling their isolation or quarantine service was adequate. Several of the staff officers admitted that the isolation or quarantine facility was very poor. My opinion coincides with the staff officers, and this condition should be corrected. The manager stated that steps had been taken to provide for occupational therapy.

3. Question. What is your opinion of the relative standards of treatment in the veterans' hospitals as compared to the State, county, and municipal institutions in the same area?

Answer. The treatment and hospital care furnished at this hospital may be considered slightly above that furnished in State, county, and municipal institutions in this area. That is nothing to brag about, as Montana cannot be proud of the care furnished her public charges.

4. Question. Do the manager, chief medical officer, and/or clinical director feel they have sufficient authority to run the hospital as efficiently as they might desire?

Answer. No. The manager feels that his office should have more authority as it would tend to make a more flexible organization. A great amount of time is now lost by having to go through the central office with many minor matters that could be more efficiently handled at the source.

5. Question. Do they feel that there are undue restrictions and regulations under which they must function? If so, kindly specify in what way.

Answer. Yes. Partially answered in question No. 4. The management would like to have the authority to act quickly on various conditions that arise without having to take the matter up with the central office. He states that he believes this would be good for the service in many instances.

6. Question. Do they feel they have sufficient authority and latitude to employ competent doctors, nurses, and attendants?

Answer. No. The manager states that if he had a vacancy in the medical staff he could not employ a physician but would have to go through the central office to fill the vacancy. This same procedure must be followed before he can be relieved of an undesirable physician or other employee covered by civil service.

7. Question. Do they have encouragement and support in research, in participating in clinical meetings, symposiums, medical lecture courses, etc?

Answer. No. The manager and the majority of the staff stated that under the present set-up under which they are employed and work, there is no encouragement or arrangements provided whereby they can attend medical meetings, do postgraduate work, or otherwise improve their medical skill, unless they do it on their own time and expense.

Many of the staff members at this hospital complained that there were no provisions provided whereby a post mortem could be held on any of their cases. The benefits derived from post mortems are very important, and all veteran hospitals should be able to do this class of work.

Various staff members, and especially the surgeon, complained that their laboratory was not equipped to do quick frozen tissue examinations, and that it was an inconvenience to them, and was to a certain degree detrimental to the patient. This condition should be corrected.

8. Question. What definite complaints, if any, are there as to the quality, quantity, variety, and preparation of food in the veterans' hospitals?

Answer. No complaints but many compliments. The foods are well prepared, of good quality, and second servings are allowed both patients and employees. The preparation of special diets are accurately carried out. Electrically heated

food trucks are used to convey the trays to the various wards. Both patients and personnel state that they function efficiently.

The kitchen at this facility is very well equipped. This equipment is ample to take care of a 750-bed institution. The cold-storage installation is very well arranged and is of ample capacity for a 750-bed institution. The dining room, kitchen, cold storage, and stock rooms were all in a clean and orderly condition and are being efficiently managed and operated.

9. Question. Have there been or are there any specific cases of alleged abuse or neglect of patients?

Answer. I was contacted by an expatient, Mr. Joseph Reagen, at my hotel, who believes he had a just complaint on the treatment he received while at the hospital. I asked him for his signed affidavit, which I have attached hereto, marked "Exhibit A."

I requested Department Service Office Charles Batten, to go over this man's hospital file and give me a résumé of his findings. Mr. Batten later reported that this man's hospital record was in such shape that he desired to get the assistance of Mr. Busha to aid him in fulfilling my request. Their report will be forwarded at a later date.

10. Question. Are the recreational facilities adequate?

Answer. No real recreational facilities were noted at or around this hospital. There is a library and a small canteen. The sun parlors are being used as wards. Some of the staff and nurses stated this is temporary, but it is a condition which should be corrected at the earliest date possible.

The large grass plot of approximately 7 to 10 acres, lying directly across from the hospital, cannot be used by either the patients or the personnel. This has been so ordered and enforced by the manager. This ground should be used by patients and personnel for games, such as tennis, croquet, etc., as well as sun bathing and should be arranged with paths, benches, etc., so that wheel-chair patients can enjoy its benefits.

11. Question. Is the canteen service satisfactory and are the prices charged veterans responsible? If not, please describe.

Answer. The canteen is a very mediocre affair, with a very small stock of salable goods, such as sandwiches, soft drinks, ices, candies, and few other items. No doubt the small number of patients and personnel does not justify a more diversified stock. I was informed that this concession is given to the person who is the successful bidder on the post office. Rumors have been circulated by various persons to the effect that the manager, Dr. Watts, financed and received the profits from this canteen. He denies any connection, and I can find no evidence to disprove his statement. It is a minor matter from whatever angle it is looked at.

12. Question. Are the medical equipment and clinical arrangements satisfactory?

Answer. Yes; in every department, except the clinical laboratory should be equipped to do quick-frozen tissue examinations when called upon, and arrangements should be made for facilities so that post mortems can be held.

13. Question. Are the periods of hospitalization proper? Too long? Too brief?

Answer. The question of periods of hospitalization is a hard one to determine and answer satisfactorily. If compared with private hospitals, the periods are somewhat longer. The staff members do not want to take the risk of being censured, so I feel they advise, in the majority of cases, to hospitalize slightly longer than really necessary.

14. Question. Do patients feel they are required to remain in receiving wards too long before complete examinations and treatment are started?

Answer. None of the patients in the hospital at the time of this inspection made any such complaint.

15. Question. How about cleanliness and neatness in the buildings and on the grounds?

Answer. The hospital was neat and clean in every detail. This statement covers the surgery, dressing rooms, X-ray, clinical laboratory, medical supply and linen rooms, dining room, kitchen, cold storage and food-storage rooms. The nurses' home was clean and neat. The metal cabinets now being used in the nurses' rooms for their clothes are unsatisfactory and should be replaced with built-in closets. Wash bowls with hot and cold water should be installed in each room. These latter suggestions would greatly aid the morale of the nurses.

The orderlies' dormitory (male) was found to be in a very untidy condition and shows that the regular inspections by the administration must be lax.



16. Question. Is it felt that the discipline and morale of the patients are satisfactory?

Answer. Yes. None of the staff members or nurses made any complaint along this line. Some stated that every now and then a new patient comes to the hospital and causes a little trouble, but that in general the majority of the patients try to cooperate in every way.

17. Question. Are the transportation facilities to and from the hospital adequate?

Answer. Yes.

18. Question. Is the contact service considered satisfactory and adequate by the VFW?

Answer. Yes. I have heard or received no complaints to the contrary.

19. Question. How does the ratio of patients to full-time physicians and surgeons, nurses, and attendants in the veterans' hospital compare to that in State, county, and municipal institutions?

Answer. At the present time the hospital load is light, but if the hospital was filled to its bed capacity, the present staff would be inadequate to give the best of care. In comparing conditions with similar State, county, and municipal institutions I would have to say the veterans' hospital is better staffed. (I still don't brag on Montana's State and county institutions.)

20. Question. Are the patients too crowded? Is there sufficient floor space per patient?

Answer. If the hospital was filled to the capacity of its beds, I would consider it very crowded. In the rear of this hospital are several buildings which were used and built by the Army for a hospital while the Army maintained a training camp in this area. This camp is now closed, and it is expected that these buildings will be turned over to the Veterans' Administration to be converted into wards. If so, I am informed, it will provide floor space for about 400 beds. This conversion has not taken place and the present hospital must be considered crowded until we get rid of the "if" and "when."

21. Question. How do they find the discipline and morale of the hospital personnel? What are their complaints, if any?

Answer. I found more complaints among the medical officers than all the other personnel and patients combined. Each officer had the same complaints and are as follows:

Advancements are too slow; no opportunity to do post-graduate work unless they do it on their own time and at their own expense. All are dissatisfied with civil service and feel that they should have a corps of their own. Salaries are too low. All object to having to do so much paper work which could be done by any average office help; much of this paper work must be done even to the neglect of patients.

There were six young medical officers on the staff temporarily loaned by the Army. These men were of the type one would like to interest in our Veterans' Administration. None of these six wanted to continue in the Veterans' Administration, as they said under the present set-up a professional man would be a fool to bury himself if he had any ambition. When asked if proper changes were made so that the service might function similar to the Army or Navy Medical Corps, all except one said they might be interested.

All the staff members wanted a rotation of assignment, at least every 3 years; this rotation to include all officers and nurses from manager down.

The chief surgeon is obliged to serve his time as officer of the day, and while this officer did not make a decided kick, he stated he was not in the proper physical form to do major surgery the following day. Some of the officers objected to a local ruling that they were not allowed to bring a family pet, such as a dog or a cat, to this administration.

There are not enough male orderlies and the manager states that it is practically impossible to obtain more. He stated that he has even accepted men who have been sent him by neighboring sheriff and Helena police judge that had been arrested for various offenses. Some of these had made good, but the large majority would either quit or be discharged for inefficiency.

The female orderlies do good work but cannot do the heavy lifting so many patients require.

The shortage of male orderlies is the chief complaint of the nurses.

22. Question. What is your recommendation as to type and number of additional beds that may be required for the new load?

Answer. This facility should be enlarged to a 500- or 750 bed institution before another hospital is built in this department. Veterans will receive better medi-



cal care in a large institution, as all the various medical departments would be represented, from nervous diseases on down to the laboratories. Larger staffs with more competent physicians are always found in a large hospital.

This facility does not have a mental ward and apparently no ward for the milder nervous diseases. The patients seem to be mixed up in a more or less indefinite manner, instead of segregating them according to their ailment. A special domicile should be arranged for those cases that do not require treatment but who stay at the facility due to financial reasons or inability to care for themselves. These cases should not be allowed to use active beds within the hospital except when acutely ill.

23. Question. What percentage of the patients are leaving the hospital against medical advice? Why?

Answer. The chief medical officer stated that for the past 3 months the percentage of patients leaving the hospital against medical advice was approximately 3 percent.

Some of the reasons given were worry about their homes and businesses, homesickness, loss of earnings.

24. Question. Could better personal care be furnished with staff aide program of Wacs trained in hospital routine, thus relieving nurses for more important duties?

Answer. Manager, medical staff, and nurses were all opposed to the idea of having the Wacs or similar corps assigned to the hospital. When the manager was asked if he would employ an ex-Wac, he said he would not be averse to doing that, but that he felt as long as they were in the service he would not have the proper control over them or they would resent his authority.

25. Question. What percentage of patients without dependents leave the hospitals against medical advice due to the reduction in pension while being hospitalized?

Answer. For some reason I was unable to get this question and question No. 23 unscrambled from each other. One officer would say 2-plus percent; another 3 percent, and from their answers I became of the opinion that they did not have an accurate record differentiating these two classes.

26. Question. Are there any complaints on the part of the patients regarding the lack of information given them as to their physical condition and advice as to future treatment upon being discharged from the hospital?

Answer. I received complaints of this character from three patients. They stated they had been there nearly a month and did not know what they were being treated for.

Another patient told me about a recent patient in his ward who had a "bone disease of his spine." He stated that the officer in charge told the patient they could put a brace on his back or not, but did not make the patient understand that the brace was an essential part of the treatment. The patient decided the brace would be uncomfortable, so he told the doctor he would prefer not to wear it. His record was marked "refused treatment," and he was shortly discharged from the hospital. This is hearsay findings, and is included only with the idea that a veteran, when confined to a veterans' hospital, should know what his physical condition has been diagnosed to be, and he should know why certain treatment is advised. This should be on the same level as if he was under treatment in a private hospital at his own expense. I feel confident that if the Veterans' Administration permitted its staff the privilege of discussing freely with the veteran about his physical condition, we would hear less complaints about ill treatment.

27. Question. What general or specific recommendations would you offer as to the medical treatment and hospital care of veterans in Veterans' Administration facilities?

Answer. (1) Veterans' Administration has reached cabinet proportions and this idea should be given some thought.

(2) A Veterans' Administration Medical Corps should be created which would include physicians, dentists, nurses, and the skilled technicians. This corps to be patterned after similar corps in the Army and Navy.

If we truly desire to furnish better medical care to the veteran, we must make the field of medicine in the Veterans' Administration more attractive to the doctor, dentist, and nurse. Under civil service we are obtaining the majority of our medical skill from that branch of the medical profession that was a failure in civil life.

(3) Rotation of the professional personnel, from manager on down to the technician, every 3 years. This would prevent the formation of any fixed ideas, cliques, favoritism, or graft.

(4) Staff members must be compelled to take postgraduate work, at least every 3 years at Administration expense. Members of the staff who show a proficiency and an aptitude toward a special branch of their profession, should be given the opportunity of training to become specialists at the Administration's expense.

(5) Veteran organizations should not petition for, or demand, additional hospital installations within their respective States until their present Veterans' Administration hospital has reached a bed capacity of at least 500. I would consider a 750-bed institution as ideal. In institutions of approximately this size we would have a more competent staff of doctors, with all the various specialists and departments represented. The care of the veteran would be bettered in proportion.

If we continue to demand a "flock" of smaller hospitals, duplication of personnel and equipment enters immediately—the professional standards of the staffs will be of mediocre ability—the costs to the Administration will be increased out of proportion to the benefits derived by the veteran.

(6) For efficient work by the staff whose work is essentially the care of the sick, some radical change should and must be devised wherein they are relieved of the task of filling out the multiple types of forms and reports demanded by the various offices of the Administration. At the present time, this work consumes approximately as much time as their medical tasks. This type of work could be done more neatly and efficiently by trained office workers who would receive far less salary than paid to the staff members. If the staff members were relieved of this obnoxious chore, it would better the morale of the staff and would greatly increase the amount of work they could accomplish in their wards.

(7) In question Nos. 3 and 19 we are asked to compare veteran-hospital care with the pauper care of our country. Why this comparison has been asked for I have failed to comprehend. Veteran-hospital care should be far above the average pauper institutions. If the care in the majority of our veterans hospitals represents State medicine, the general public certainly would not want any part of State medicine, if they were aware of the facts.

We now have the opportunity to correct many of the evils and defects of our Veterans' Administration, due to the public opinion created by the recent magazine articles, and through those bodies that have been advocating State medicine through the Murray-Wagner-Dingell bill.

Respectfully submitted.

HARRY J. HUENE, M. D.,  
Senior Vice Commander, Department of Montana,  
Veterans of Foreign Wars.

HELENA, MONT., May 3, 1945.

*To whom it may concern:*

I, Joseph Reagen, in the month of June, in 1942, the latter part, entered the veterans' hospital for an examination. At that time I was very weak and sick. My feet were swollen, and I could barely walk.

In about 6 hours' time I was examined, after lying in bed for one day and a half, and I was handed my transportation and was politely informed that I was a gold bricker and there was no place in the hospital for me, and was notified that my compensation would be cut off if I entered the hospital again. On arriving home, I received notice that my compensation would be reduced in 60 days, unless I could show reasons why it should not be. In less than 60 days' time, I was in the hospital, which my record should show, my case files, that I was too weak to walk, my legs were in such swollen condition from blood clots, and the doctor, whose name is Dr. White, refused me treatment for my legs and heart. I laid in bed for 35 days, till infection set in in the leg. At that time, the infection had disturbed the whole body, and while I was lying in bed under Dr. White's care, he was insisting that I had stomach trouble and was giving me some kind of medicine, which has done me more harm than good.

Upon entering the hospital on August 19, the same year, I was badly abused and insulted by Dr. Hornyack, who told me I could get the hell out of there, that they did not have to take care of me. I resented his statements, and I picked up a water glass and I attempted to fire it at his head, when a nurse stopped me. I

was lying in bed from about 8 o'clock August 19, until 1:30 a. m. August 20. The doctor refused to come to see me, and said I was a gold bricker. Upon arrival at the hospital I had three operations on my leg.

They sent me to Fort Miley, to a diagnostic center, but the impression they gave me was that I was going down to have some specialists examine my leg. On arrival at Fort Miley I was informed that I was not to receive any treatments whatsoever; that I came there for a rating purpose. I informed the doctor I thought it was a rotten deal to send me, and cause the Government about a thousand dollars' expense to see whether my rating was all right at Fort Harrison or not. And I was informed I was going to have doctors to try and cure my leg.

I had made in the latter part of December or the first part of January in 1943, a complaint to Dr. Watts as to my treatment. Dr. Watts had never given me a hearing nor the doctors I accuse a chance to clear themselves of these charges. On a number of occasions I requested from Dr. Watts and Dr. Foster why they did not bring this to justice. I was politely informed that I had nothing to say in the hospital and a veteran is always wrong; that they are running the hospital to suit themselves. While I was in the hospital Dr. Watts and his field men have tried to run my character and reputation down by going to my friends and business associates and informing them they was going to send me to an asylum.

If you would look at my case files and the records of the Veterans' Administration, you will find that this statement is true.

I have laid in bed about 35 days before I received any treatment for my leg, and Dr. White said it was just my imagination, that it was my stomach that was bothering me. I spent close to 9 months in bed.

If there hadn't been anything wrong with me, what was I in bed for? Why did they operate on my leg three times? Why did they send me to Fort Miley? And why cover up the dirt and the scandal when Dr. Watts ordered me out of the hospital on May 22, 1943, and on May 21, 1943, they were going to send me to the Portland hospital to have my leg amputated? If my leg was to be amputated on May 21, why kick me out of the hospital on May 22 as a well man?

For over a period of 10 years I was service-connected, as a heart case. The doctor on the rating board and Dr. Flaxton claimed that if I had had a heart case I would have been dead a long time ago. That is the reason why they are reducing my compensation.

I swear before God that this is a true statement.

JOSEPH REAGEN (Claim 1352349).

Subscribed and sworn to before me this 3d day of May 1945.

[SEAL]

VELMA POMEROY,

*Notary Public for the State of Montana, residing at Helena, Mont.*

My commission expires September 9, 1945.

#### QUESTIONS TO BE ANSWERED AS TO EACH VETERANS' HOSPITAL

(Kindly respond in same numerical order, and air mail the report to National Commander Scheiberling, Washington, D. C.)

Name of hospital: United States Veterans' Administration facility.

Address: Lincoln 1, Nebr. (general medical and surgical, 379 beds).

1. Question. Are there any general or specific complaints on the medical treatment and hospital care received by the patients? If so, please describe briefly.

Answer. General satisfaction has been expressed by patients at this hospital in regard to the treatment they received, the exceptions being quite rare. However, it is felt that the reception service can be improved, as follows:

(a) Have a qualified man on duty to meet incoming patients and discuss with them hospital rules and regulations, the routine to be followed, the necessity for being held a few days in the receiving ward, whether or not the patient is in good enough physical condition to make the rounds of the reception service or should be put to bed, etc. It is believed the patients, especially World War II veterans, will get a better idea of what is ahead of them if this done, and there will be fewer complaints about the reception service.



(b) Doctors, nurses, and attendants in the receiving ward should be very tactful in their contacts with the patients, and all attempts to be officious should be checked.

Discharge board might be more informal in their attitude, as a sort of "court martial" atmosphere is created by having board members sit around a big table. It is felt also that this board, instead of asking for any criticisms of treatment received by a patient, should ask if the patient has any suggestions for improving the service of the hospital to future patients, thus making the patient feel that he really has something to say about the future conduct of the hospital, and therefore has a more friendly attitude toward it.

2. Question. Has remedial action been taken by the Veterans' Administration in these cases or others which may have been previously reported?

Answer. Generally speaking, "yes." We have found in the past that the staff has always been willing to cooperate as far as possible. Above suggestions on reception service and discharge board have been called to the attention of the management only recently, and were very well received. It is believed action will be taken to put them into effect.

3. Question. What is your opinion of the relative standards of treatment in the veterans' hospitals as compared to the State, county, and municipal institutions in the same area?

Answer. We believe the treatment in the facility at Lincoln is equal to or superior to that given in other institutions in this area.

4. Question. Do the manager, chief medical officer and/or clinical director feel they have sufficient authority to run the hospital as efficiently as they might desire?

Answer. Yes.

5. Question. Do they feel that there are undue restrictions and regulations under which they must function? If so, kindly specify in what way.

Answer. No.

6. Question. Do they feel they have sufficient authority and latitude to employ competent doctors, nurses, and attendants?

Answer. Yes; if they can get them. We feel, however, that the Army and the Navy could relieve any manpower shortage by turning doctors over to the Veterans' Administration.

7. Question. Do they have encouragement and support in research, in participating in clinical meetings, symposiums, medical lecture courses, etc.?

Answer. No. Doctors here feel that they should be allowed to go to other institutions from time to time for special "refresher courses." We believe this should be done, and that such courses should be taken in the best available hospitals, not strictly in another Veterans' Administration facility. We believe also that doctors taking such courses should be allowed per diem for their expenses while taking such training, and travel expenses to and from the place of such training. Only by some such system of this will these doctors be able to keep up-to-date in medical and surgical practices.

8. Question. What definite complaints, if any, are there as to the quality, quantity, variety, and preparation of food in the veterans' hospitals?

Answer. None that can be founded on fact. Recently some World War II men made some complaints that they couldn't eat their meals. It was found that these men had spent much time between meals in the recreation room, where they had consumed many candy bars, soft drinks, and other food available from the canteen, so it was no wonder they couldn't eat at mealtime.

9. Question. Have there been or are there specific cases of alleged abuse or neglect of patients?

Answer. No complaints as to abuse. Some patients in the receiving ward do feel they are neglected, since they don't get much medication or attention for a few days. We feel this is due to the fact that they do not understand fully the routine of the hospital, and this criticism could be done away with if better reception service were given, as outlined previously.

10. Question. Are the recreational facilities adequate?

Answer. No; especially for World War II men.

11. Question. Is the canteen service satisfactory, and are the prices charged veterans reasonable? If not, please describe.

Answer. Within its physical limitations, the canteen service is satisfactory and the prices are in line with downtown stores of a similar nature. It is believed the space allowed for the canteen is too small, and largely as a result of this, plus shortage of help at present, the sanitary conditions could be improved somewhat. The canteen finds it almost impossible to secure cigarettes at present, and pa-

tients want cigarettes. The canteen is run by a World War I veteran who does his best to give every possible service to the patients.

12. Question. Are the medical equipment and clinical arrangements satisfactory?

Answer. Considerable equipment is obsolete, but is usable. Much is below the standards of the present day. The surgery section should be enlarged and equipped modernly. Dental treatment under present rules and regulations is too restricted, for if proper treatment were given many patients, it would help correct their trouble and they would not be returning to the hospital in the future.

13. Question. Are the periods of hospitalization proper? Too long? Too brief?

Answer. If anything, they are too brief. There have been cases where the patients should have been kept in the hospital for a longer period to get dental or other treatment. Sometimes it has been said that a man is held too long in a veterans' hospital, and occasionally we hear some veteran say that he can't take so much time off to be hospitalized. They should understand that they come to the veterans' hospital as strangers. The doctors there have no history of their case. It is necessary, therefore, to hold them under observation for a longer period, to make more tests, and to be sure as complete a knowledge of the case is had before treatment or surgery begins.

14. Question. Do patients feel they are required to remain in receiving wards too long before complete examinations and treatment are started?

Answer. This is a common complaint, due largely to the point which has been made before—the men do not understand the routine and rules of the hospital, and an improved reception service would correct this. Shortage of personnel at present might require that a man be held in the receiving ward longer than usual.

15. Question. How about cleanliness and neatness in the building and on the grounds?

Answer. Excellent is the only word to describe this.

16. Question. Is it felt that the discipline and morale of the patients are satisfactory?

Answer. As to discipline, the answer is "Yes," but the morale is open to improvement. Increased recreational facilities would help this. Occupational therapy is badly needed. Patients should be allowed to have more freedom of the grounds around the hospital.

17. Question. Are the transportation facilities to and from the hospital adequate?

Answer. No. The hospital is several miles from the downtown area, and is served by a bus line which covers considerable territory before reaching the hospital. The busses are rough riding and sometimes break down. New equipment is needed, but cannot be secured at present.

18. Question. Is the contact service considered satisfactory and adequate by the American Legion?

Answer. Definitely "yes." More personnel has been added in recent months and the service is doing nicely.

19. Question. How does the ratio of patients to full-time physicians and surgeons, nurses, and attendants in the veterans' hospital compare to that in State, county, and municipal institutions?

Answer. The facility here is a general medical hospital. Compared with similar institutions, patients in the veterans' hospital get better medical and nurse care than the average civilian hospital, which has only a couple of internes and a drastic shortage of nurses. However, there is a definite need for more doctors and nurses in the veterans' hospital, as the load for the average doctor is too large.

20. Question. Are the patients too crowded? Is there sufficient floor space per patient?

Answer. There is plenty of room, even in the wards. Floor space allowed per bed is above usual requirements, we believe.

21. Question. How do you find the discipline and morale of the hospital personnel? What are their complaints, if any?

Answer. The discipline is good, but again the morale could be improved. It has been pointed out that the doctors are not progressing as they would like to do, and that proper refresher courses is the answer to this. The nurses should be given commissions in the Army, the same as the doctors. They would be better satisfied if this were the case and would be more content to stay in the veterans' hospital.

22. Question. What is your recommendation as to type and number of additional beds that may be required for the new load?

Answer. Five hundred additional beds for general medical patients. A separate mental facility providing at least 750 new beds should be constructed.

23. Question. What percentage of the patients are leaving the hospital against medical advice? Why?

Answer. Not more than 3 percent. The patient sometimes feels he has been helped as much as he expected, or he may feel his stay in the hospital is too long. Lack of understanding of hospital rules and routine at the time the patient enters the hospital is largely responsible for this.

24. Question. What percentage of patients without dependents leave the hospitals against medical advice due to reduction in pension while being hospitalized?

Answer. No cases are known where a patient used this reason for leaving the hospital.

25. Question. Could better personal care be furnished with staff-aide program of Wacs trained in hospital routine, thus relieving nurses for more important duties?

Answer. The hospital here is already using Army personnel in kitchens especially, due to manpower shortage. The use of WAC personnel as hospital technicians might be advisable.

26. Question. Are there any complaints on the part of the patients regarding the lack of information given them as to their physical condition and advice as to future treatment upon being discharged from the hospital?

Answer. No.

27. Question. What general or specific recommendations would you offer as to the medical treatment and hospital care of veterans in Veterans' Administration facilities?

Answer. (a) The construction of a mental facility in Nebraska, providing at least 750 new beds for that type of patients.

(b) Installation of occupational therapy in the present facility at Lincoln.

(c) Allow the doctors to take refresher courses in proper hospitals and pay them per diem and travel expenses for such periods. Then, if the doctors improve, they should be given higher salaries in order to keep them in the veterans' hospitals.

(d) Install new equipment, especially in surgery.

(e) Secure additional personnel, especially for doctors and nurses.

(f) Improve the reception service so that patients entering the hospital will have a better understanding of conditions there and of the rules, regulations, and routine they will face.

The following criticism may not be germane to this questionnaire, and it certainly does not apply to the Veterans' Administration facility at Lincoln, Nebr., but I did feel that it should be passed on to proper authorities. It was contained in a letter from the commander of an American Legion post in this State, a man qualified to judge such a situation. His criticism is as follows:

"Yesterday (March 21, 1945) we buried a World War I veteran. He hasn't lived here for a number of years. His body was shipped in from the Hines Veterans' Hospital in Illinois. I was one of the pallbearers and I was disgraced by the cheap casket they shipped the body in. I honestly was afraid it would fall to pieces before it was lowered into the grave, and the flag which covered it looked like it was made of cheesecloth and just barely covered the casket."

THE AMERICAN LEGION,  
DEPARTMENT OF NEBRASKA,  
Blair, Nebr., April 6, 1945.

MR. EDWARD N. SCHEIBERLING,  
National Commander, the American Legion,  
Washington 6, D. C.

DEAR COMMANDER SCHEIBERLING: In accordance with your letter of March 21, I have caused the survey to be made of the only Veterans' Administration hospital in this department, it being the one located at Lincoln.

This survey, which contains the answers to all the questions submitted and our comments, is the result of a new check-up made last week by the department adjutant and the department service officer.

Sincerely,

REED O'HANLON.



## QUESTIONS TO BE ANSWERED AS TO EACH VETERANS' HOSPITAL

Name of hospital: United States Veterans' Administration facility.

Address: Lincoln 1, Nebr.

1. Question. Are there any general or specific complaints on the medical treatment and hospital care received by the patients? If so, please describe briefly.

Answer. General satisfaction has been expressed by patients at this hospital in regard to the treatment they received, the exceptions being quite rare. However, it is felt that the reception service can be improved, as follows:

(a) Have a qualified man on duty to meet incoming patients and discuss with them hospital rules and regulations, the routine to be followed, the necessity for being held a few days in the receiving ward, whether or not the patient is in good enough physical condition to make the rounds of the reception service or should be put to bed, etc. It is believed the patients, especially World War II veterans, will get a better idea of what is ahead of them if this is done, and there will be fewer complaints about the reception service.

(b) Doctors, nurses, and attendants in the receiving ward should be very tactful in their contacts with the patients, and all attempts to be officious should be checked.

Discharge board might be more informal in their attitude, as a sort of "court martial" atmosphere is created by having board members sit around a big table. It is felt also that this board, instead of asking for any criticisms of treatment received by a patient, should ask if the patient has any suggestions for improving the service of the hospital to future patients, thus making the patient feel that he really has something to say about the future conduct of the hospital, and therefore has a more friendly attitude toward it.

2. Question. Has remedial action been taken by the Veterans' Administration in these cases or others which may have been previously reported?

Answer. Generally speaking, yes. We have found in the past that the staff has always been willing to cooperate as far as possible. Above suggestions on reception service and discharge board have been called to the attention of the management only recently, and were very well received. It is believed action will be taken to put them into effect.

3. Question. What is your opinion of the relative standards of treatment in the veterans' hospitals as compared to the State, county, and municipal institutions in the same area?

Answer. We believe the treatment in the facility at Lincoln is equal to or superior to that given in other institutions in this area.

4. Question. Do the manager, chief medical officer, and/or clinical director feel they have sufficient authority to run the hospital as efficiently as they might desire?

Answer. Yes.

5. Question. Do they feel that there are undue restrictions and regulations under which they must function? If so, kindly specify in what way.

Answer. No.

6. Question. Do they feel they have sufficient authority and latitude to employ competent doctors, nurses, and attendants?

Answer. Yes; if they can get them. We feel, however, that the Army and the Navy could relieve any manpower shortage by turning doctors over to the Veterans' Administration.

7. Question. Do they have encouragement and support in research, in participating in clinical meetings, symposiums, medical lecture courses, etc.?

Answer. No. Doctors here feel that they should be allowed to go to other institutions from time to time for special "refresher courses." We believe this should be done, and that such courses should be taken in the best available hospitals, not strictly in another Veterans' Administration facility. We believe also that doctors taking such courses should be allowed per diem for their expenses while taking such training, and travel expenses to and from the place of such training. Only by some such system as this will these doctors be able to keep up to date in medical and surgical practices.

8. Question. What definite complaints, if any, are there as to the quality, quantity, variety, and preparation of food in the veterans' hospitals?

Answer. None that can be founded on fact. Recently some World War II men made some complaints that they couldn't eat their meals. It was found that these men had spent much time between meals in the recreation room, where they had consumed many candy bars, soft drinks, and other food available from the canteen, so it was no wonder they couldn't eat at mealtime.

9. Question. Have there been or are there any specific cases of alleged abuse or neglect of patients?

Answer. No complaints as to abuse. Some patients in the receiving ward do feel they are neglected, since they don't get much medication or attention for a few days. We feel this is due to the fact that they do not understand fully the routine of the hospital, and this criticism could be done away with if better reception service were given, as outlined previously.

10. Question. Are the recreational facilities adequate?

Answer. No; especially for World War II men.

11. Question. Is the canteen service satisfactory, and are the prices charged veterans reasonable? If not, please describe.

Answer. Within its physical limitations, the canteen service is satisfactory and the prices are in line with downtown stores of a similar nature. It is believed the space allowed for the canteen is too small, and largely as a result of this, plus shortage of help at present, the sanitary conditions could be improved somewhat. The canteen finds it almost impossible to secure cigarettes at present, and patients want cigarettes. The canteen is run by a World War I veteran who does his best to give every possible service to the patients.

12. Question. Are the medical equipment and clinical arrangements satisfactory?

Answer. Considerable equipment is obsolete but is usable. Much is below the standards of the present day. The surgery section should be enlarged and equipped modernly. Dental treatment under present rules and regulations is too restricted, for if proper treatment were given many patients it would help correct their trouble and they would not be returning to the hospital in the future.

13. Question. Are the periods of hospitalization proper? Too long? Too brief?

Answer. If anything, they are too brief. There have been cases where the patients should have been kept in the hospital for a longer period to get dental or other treatment. Sometimes it has been said that a man is held too long in a veterans' hospital, and occasionally we hear some veteran say that he can't take so much time off to be hospitalized. They should understand that they come to the veterans' hospital as strangers. The doctors there have no history of their case. It is necessary, therefore, to hold them under observation for a longer period, to make more tests, and to be sure as complete a knowledge of the case is had before treatment or surgery begins.

14. Question. Do patients feel they are required to remain in receiving wards too long before complete examinations and treatment are started?

Answer. This is a common complaint, due largely to the point which has been made before—the men do not understand the routine and rules of the hospital, and an improved reception service would correct this. Shortage of personnel at present might require that a man be held in the receiving ward longer than usual.

15. Question. How about cleanliness and neatness in the building and on the grounds?

Answer. Excellent is the only word to describe this.

16. Question. Is it felt that the discipline and morale of the patients are satisfactory?

Answer. As to the discipline, the answer is "yes," but the morale is open to improvement. Increased recreational facilities would help this. Occupational therapy is badly needed. Patients should be allowed to have more freedom of the grounds around the hospital.

17. Question. Are the transportation facilities to and from the hospital adequate?

Answer. No. The hospital is several miles from the downtown area, and is served by a bus line which covers a considerable territory before reaching the hospital. The busses are rough riding and sometimes break down. New equipment is needed, but cannot be secured at present.

18. Question. Is the contact service considered satisfactory and adequate by the American Legion?

Answer. Definitely, yes. More personnel has been added in recent months and the service is doing nicely.

19. Question. How does the ratio of patients to full-time physicians and surgeons, nurses, and attendants in the veterans' hospital compare to that in State, county, and municipal institutions?

Answer. The facility here is a general medical hospital. Compared with similar institutions, patients in the veterans' hospital get better medical and nurse



care than the average civilian hospital, which has only a couple of interns and a drastic shortage of nurses. However, there is a definite need for more doctors and nurses in the veterans' hospital, as the load for the average doctor is too large.

20. Question. Are the patients too crowded? Is there sufficient floor space per patient?

Answer. There is plenty of room, even in the wards. Floor space allowed per bed is above usual requirements, we believe.

21. Question. How do you find the discipline and morale of the hospital personnel? What are their complaints, if any?

Answer. The discipline is good, but again the morale could be improved. It has been pointed out that the doctors are not progressing as they would like to do, and that proper refresher courses is the answer to this. The nurses should be given commissions in the Army, the same as the doctors. They would be better satisfied if this were the case and would be more content to stay in the veterans' hospital.

22. Question. What is your recommendation as to type and number of additional beds that may be required for the new load?

Answer. Five hundred additional beds for general medical patients. A separate mental facility providing at least 750 new beds should be constructed.

23. Question. What percentage of the patients are leaving the hospital against medical advice? Why?

Answer. Not more than 3 percent. The patient sometimes feels he has been helped as much as he expected, or he may feel his stay in the hospital is too long. Lack of understanding of hospital rules and routine at the time the patient enters the hospital is largely responsible for this.

24. Question. What percentage of patients without dependents leave the hospitals against medical advice due to reduction in pension while being hospitalized?

Answer. No cases are known where a patient used this reason for leaving the hospital.

25. Question. Could better personal care be furnished with staff aide program of Wacs trained in hospital routine, thus relieving nurses for more important duties?

Answer. The hospital here is already using Army personnel in kitchens especially, due to manpower shortage. The use of WAC personnel as hospital technicians might be advisable.

26. Question. Are there any complaints on the part of the patients regarding the lack of information given them as to their physical condition and advice as to future treatment upon being discharged from the hospital?

Answer. No.

27. Question. What general or specific recommendations would you offer as to the medical treatment and hospital care of veterans in Veterans' Administration facilities?

Answer. (a) The construction of a mental facility in Nebraska, providing at least 750 new beds for that type of patients. (b) Installation of occupational therapy in the present facility at Lincoln. (c) Allow the doctors to take refresher courses in proper hospitals and pay them per diem and travel expenses for such periods. Then, if the doctors improve, they should be given higher salaries in order to keep them in the veterans' hospitals. (d) Install new equipment, especially in surgery. (e) Secure additional personnel, especially for doctors and nurses. (f) Improve the reception service, so that patients entering the hospital will have a better understanding of conditions there and of the rules, regulations, and routine they will face.

Respectfully submitted.

IVAN D. MARSH,  
*National Service Officer.*

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VETERANS OF FOREIGN WARS OF THE UNITED STATES,  
NATIONAL REHABILITATION SERVICE,  
Washington 5, D. C.

NEBRASKA (ONE HOSPITAL)

Lincoln Facility, Lincoln: General medical hospital, 379 beds.

Complaints: None.

Recommendations: Postgraduate courses for staff; enlargement of canteen; additional outdoor recreational and occupational therapy facilities; 300 additional beds, and a separate NP facility.



## QUESTIONS TO BE ANSWERED AS TO EACH VETERANS' HOSPITAL

Name of hospital: United States Veterans' Administration facility.

Address: Lincoln 1, Nebr.

1. Question. Are there any general or specific complaints on the medical treatment and hospital care received by the patients? If so, please describe briefly.

Answer. None of much importance.

2. Question. Has remedial action been taken by the Veterans' Administration in these cases or others which may have been previously reported?

Answer. Yes; a memo to the personnel signed by the manager, requesting that any complaints by patients be adjusted immediately and with sympathetic understanding.

3. Question. What is your opinion of the relative standards of treatment in the veterans' hospitals as compared to the State, county, and municipal institutions in the same area?

Answer. There are no municipal hospitals in Nebraska, however, the veterans' hospital at Lincoln compares very favorably and in nearly all comparisons the standards of treatment in this hospital are much better than in our State institutions.

4. Question. Do the manager, chief medical officer, and/or clinical director feel they have sufficient authority to run the hospital as efficiently as they might desire?

Answer. Yes.

5. Question. Do they feel that there are undue restrictions and regulations under which they must function? If so, kindly specify in what way.

Answer. No.

6. Question. Do they feel they have sufficient authority and latitude to employ competent doctors, nurses, and attendants?

Answer. Yes.

7. Question. Do they have encouragement and support in research, in participating in clinical meetings, symposiums, medical lecture courses, etc?

Answer. Yes.

8. Answer. What definite complaints, if any, are there as to the quality, quantity, variety, and preparation of food in the veterans' hospitals?

Answer. None.

9. Question. Have there been or are there any specific cases of alleged abuse or neglect of patients?

Answer. No.

10. Question. Are the recreational facilities adequate?

Answer. Yes; with the exception of outside recreation. We recommend additional outdoor facilities such as baseball, croquet, badminton, etc.

11. Question. Is the canteen service satisfactory, and are the prices charged veterans reasonable? If not, please describe.

Answer. No. The canteen is too small and is nearly always crowded to capacity in its open hours. The prices are O. K.

12. Question. Are the medical equipment and clinical arrangements satisfactory?

Answer. As far as we can see; yes.

13. Question. Are the periods of hospitalization proper? Too long? Too brief?

Answer. Yes.

14. Question. Do patients feel they are required to remain in receiving wards too long before complete examinations and treatment are started?

Answer. In many cases yes. Although we feel there is justification for this situation but it should be explained to the patient.

15. Question. How about cleanliness and neatness in the buildings and on the grounds?

Answer. Very good.

16. Question. Is it felt that the discipline and morale of the patients are satisfactory?

Answer. Yes.

17. Question. Are the transportation facilities to and from the hospital adequate.

Answer. Yes. City busses leave the railroad station every hour. Taxicabs are free to travel to the hospital at any time.

18. Question. Is the contact service considered satisfactory and adequate by the V. F. W.?

Answer. Yes.

19. Question. How does the ratio of patients to full-time physicians and surgeons, nurses, and attendants in the veterans' hospital compare to that in State, county, and municipal institutions?

Answer. The ratio of physicians to patients at this veterans' hospital is nearly 1 to 14, while in local Government institutions it is less. Although we do not know the exact figures it is a known fact that the ratio in the veterans' hospital is considerably higher.

20. Question. (a) Are the patients too crowded? (b) Is there sufficient floor space per patient?

Answer. (a) No. (b) Yes.

There are at present 280 hospital beds with additional facilities for 90 emergency beds. There are now 221 patients in the hospital.

21. Question. How do they find the discipline and morale of the hospital personnel? What are their complaints, if any?

Answer. O. K. No complaints.

22. Question. What is your recommendation as to type and number of additional beds that may be required for the new load?

Answer. We recommend a 750-bed general medical hospital for the additional load, and a separate mental hospital in the State.

23. Question. What percentage of the patients are leaving the hospital against medical advice? Why?

Answer. Approximately 3 percent. Due to pressing home problems such as planting time for farmers, etc.

24. Question. Could better personal care be furnished with staff aide program of Wac's trained in hospital routine, thus relieving nurses for more important duties?

Answer. Yes.

25. Question. What percentage of patients without dependents leave the hospitals against medical advice due to the reduction in pension while being hospitalized?

Answer. As far as we could ascertain, none.

26. Question. Are there any complaints on the part of the patients regarding the lack of information given them as to their physical condition and advice as to future treatment upon being discharged from the hospitals?

Answer. No.

27. Question. What general or specific recommendations would you offer as to the medical treatment and hospital care of veterans in Veterans' Administration facilities?

Answer. (a) That the veterans' hospital staff of doctors be sent to other facilities for graduate study and refresher courses as soon as possible and that they remain on a regular pay status with per diem allowance while undergoing the periods of study. (b) That outdoor recreational facilities and occupational therapy facilities be added immediately. (c) That the canteen be enlarged. (d) That the present hospital be enlarged to at least 750 beds and that a separate mental facility be established in the State.

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#### QUESTIONS TO BE ANSWERED AS TO EACH VETERANS' HOSPITAL

(Kindly respond in same numerical order and air-mail the report to National Commander Scheiberling, Washington 6, D. C.)

Name of hospital: Reno Veterans' Hospital.

Address: Reno, Nev. (general medical and surgical, 31 beds).

1. Question. Are there any general or specific complaints on the medical treatment and hospital care received by the patients? If so, please describe briefly.

Answer. None.

2. Question. Has remedial action been taken by the Veterans' Administration in these cases or others which may have been previously reported?

Answer. Not necessary.

3. Question. What is your opinion of the relative standards of treatment in the veterans' hospitals as compared to the State, county, and municipal institutions in the same area?

Answer. Better than others.

4. Question. Do the manager, chief medical officer, and/or clinical director feel they have sufficient authority to run the hospital as efficiently as they might desire?

Answer. Too much delay.

5. Question. Do they feel that there are undue restrictions and regulations under which they must function? If so, kindly specify in what way.

Answer. Some restrictions slow up functioning.

6. Question. Do they feel they have sufficient authority and latitude to employ competent doctors, nurses, and attendants?

Answer. No.

7. Question. Do they have encouragement and support in research, in participating in clinical meetings, symposiums, medical lecture courses, etc.?

Answer. Encouragement O. K., but staff limited to such an extent that research, etc., is impossible.

8. Question. What definite complaints, if any, are there as to the quality, quantity, variety, and preparation of food in the veterans' hospitals?

Answer. None. Food excellent.

9. Question. Have there been or are there any specific cases of alleged abuse or neglect of patients?

Answer. None.

10. Question. Are the recreation facilities adequate?

Answer. No. No facilities except radio. Badly needed.

11. Question. Is the canteen service satisfactory, and are the prices charged veterans reasonable? If not, please describe.

Answer. No canteen service.

12. Question. Are the medical equipment and clinical arrangements satisfactory?

Answer. Yes.

13. Question. Are the periods of hospitalization proper? Too long? Too brief?

Answer. Seems OK. Average, 30 days.

14. Question. Do patients feel they are required to remain in receiving wards too long before complete examinations and treatment are started?

Answer. No receiving ward in this station.

15. Question. How about cleanliness and neatness in the buildings and on the grounds?

Answer. Excellent.

16. Question. Is it felt that the discipline and morale of the patients are satisfactory?

Answer. Excellent.

17. Question. Are the transportation facilities to and from the hospital adequate?

Answer. Yes.

18. Question. Is the contact service considered satisfactory and adequate by the American Legion?

Answer. Yes.

19. Question. How does the ratio of patients to full-time physicians and surgeons, nurses, and attendants in the veterans' hospital compare to that in State, county, and municipal institutions?

Answer. Better.

20. Question. Are the patients too crowded? Is there sufficient floor space per patient?

Answer. Patients are crowded. More floor space needed.

21. Question. How do you find the discipline and morale of the hospital personnel? What are their complaints, if any?

Answer. Excellent—no complaints.

22. Question. What is your recommendation as to type and number of additional beds that may be required for the new load?

Answer. Recommend 300 beds and provisions for women.

23. Question. What percentage of the patients are leaving the hospital against medical advice? Why?

Answer. About 5 percent—negligible.

24. Question. What percentage of patients without dependents leave the hospitals against medical advice due to the reduction in pension while being hospitalized?

Answer. Some, but it is a factor in their desire to leave about 5 percent.

25. Question. Could better personal care be furnished with staff aide program of Wacs trained in hospital routine, thus relieving nurses for more important duties?



Answer. Possibly.

26. Question. Are there any complaints on the part of the patients regarding the lack of information given them as to their physical condition and advice as to future treatment upon being discharged from the hospital?

Answer. None known.

27. Question. What general or specific recommendations would you offer as to the medical treatment and hospital care of veterans in Veterans' Administration facilities?

Answer. We need more beds—300, at least, and an adequate staff to operate it.

J. E. MORTIE,  
*Adjutant, Department of Nevada, American Legion.*

VETERANS OF FOREIGN WARS OF THE UNITED STATES,  
*Fallon, Nev., April 4, 1945.*

Comrade Commander in Chief JEAN A. BRUNNER,  
*Veterans of Foreign Wars of the United States,*  
*National Headquarters, Kansas City 2, Mo.*

DEAR COMMANDER IN CHIEF: Received your welcome letter of March 21 regarding an inspection being made of the veterans' hospital at Reno, Nev.

Being busy on engineering details and looking after ranch interests, I endeavored to contact Wagner by wire in Winnemucca and, not receiving any reply, decided that immediate action was necessary as you requested in letter. Therefore, I made trip to Reno and contacted Walter J. Devereux, State service officer and commissioner, and we contacted Harry Metzger, commander of Disabled American Veterans, and he in turn named George M. Twaddle, chief of Reno Fire Department, member of DAV, to act on inspection.

The three of us, Walter J. Devereux, George M. Twaddle, and myself went together (Legion commander could not be contacted, according to Devereux) and made a thorough hospital inspection. Findings of my personal report enclosed herewith.

As stipulated, everything has been carried out according to your orders, and the facts of the findings are confided entirely in your authority, excepting I am retaining exact copy to be filed in my desk for future reference.

Am proud of our organization and those in charge of affairs at national headquarters, and endeavor to carry on with activities regardless of other affairs.

Sincerely yours in true comradeship,

CLYDE GUMMOW.

Box 330, FALLON, NEV.

P. S.—Upon receipt of Comrade Singer's wire regarding department endorsing national welfare campaign, have endeavored to contact all posts and department officials. Have favorable reports so far and possibly can make definite reply by wire as requested, in near future. Personally, I endorse the campaign 100 percent and believe majority are with me over State.

VETERANS OF FOREIGN WARS OF THE UNITED STATES,  
NATIONAL REHABILITATION SERVICE,  
*Washington 5, D. C.*  
NEVADA (ONE HOSPITAL)

Reno Facility, Reno: General hospital, 31 beds.

Complaints: Limited recreational facilities; no canteen established; limited clinical facilities; overcrowding; no receiving ward.

Recommendations: 400 additional beds. Establishment of occupational therapy section; increase medical and surgical staff and personnel accordingly. Improve transportation and ambulance service and construct a receiving ward.

REPORT ON VETERANS' ADMINISTRATION HOSPITAL AT RENO, NEV.

1. Answer. None, according to findings through contact with patients now in hospital.

2. Answer. Believe that remedial action in previous cases has resulted in above findings at present.

3. Answer. Standards are as good as can be expected. Relative standards with county hospitals are above and could be improved with additional facilities.

4. Answer. More authority should be given doctors and management to avoid too much delay in treatments.

5. Answer. Some restrictions should be eliminated if quicker action is to be expected.

6. Answer. Stated that insufficient authority is given in placement of doctors, nurses, and attendants.

7. Answer. Research, etc., can only be given informal consideration, only urgent matters considered.

8. Answer. In my personal contact with patients, very few complaints.

9. Answer. Not known to date. Rumored over State that several years ago there was several.

10. Answer. Have limited facilities, only radio and some reading matter, recreation comes secondary.

11. Answer. Have no canteen; hospital makes purchases for patients in city of Reno.

12. Answer. Limited clinical facilities.

13. Answer. Maximum periods, 30-day average, in most cases considered satisfactory, few exceptions.

14. Answer. Have no receiving ward, something urgently needed. Thus cases oftentimes are too hasty.

15. Answer. Everything appears sanitary; bath mats should be changed frequently, avoid possibility athletic sore feet which might become prevalent upon return of the many boys.

16. Answer. Very small percentage of patients need discipline; morale appears to be satisfactory.

17. Answer. Street bus within two blocks. Use of hospital help cars (personnel) in many cases; advise with additional facilities added consideration should be given better transportation.

18. Answer. Contact is carried out OK, according to reports of hospital administration, veteran organizations, and through my direct interviews with patients in and out of hospital.

19. Answer. Ratio is more than average local hospitals per patient at present time.

20. Answer. Overcrowded, insufficient space to attend patient or make up beds, finding 12 to 14 beds in 8-bed ward. Admire way things function under the handicaps presented.

21. Answer. According to contacts hospital personnel is good, under overcrowded difficulties. Would very much improve with additional facilities in caring for patients properly.

22. Answer. Recommend additional 300 beds at least and separate wards for receiving ward, tuberculosis ward, mental-case ward, female ex-service ward, and last but not least, a segregation of the colored race by endeavoring to keep all in same ward and not scattered over entire hospital (it being known that the colored boys get lonesome for companionship of their own race, which is natural, and by so doing this procedure shall alleviate any possible ill-feeling between comrades coming out of service).

23. Answer. Percentage leaving against medical advice according to records I checked covering the period from May 22, 1939, up to March 1, 1945 (totaling 1,602 discharged from hospital), was between 5 and 6 percent. Disciplinary reasons, approximately 0.08 percent (considered very low).

Out of 95 cases, 39 percent were given the benefit of the doubt regarding their cases.

Out of 95 cases, 16 percent are in need of treatment but feel justified in leaving account of family.

Out of 95 cases, 12 percent are what is termed habitual intoxicants, need the cure to gain health.

Out of 95 cases, 1 percent, colored patient (formerly raised in South, from Virginia) did not favor his eating at same table with what he termed "white folks."

Out of 95 cases, 2 percent emergency cases were proven not service-connected (yet not turned down).

Out of 95 cases, 6 percent, according to files, are on pension status.

24. Answer. Services of Wacs at this time is not advisable; possibly, after additional facilities, providing proper facilities are forthcoming. I do not believe that this hospital should be made a Wac or Red Cross nurse-training center for any and all available from Nevada.

25. Answer. Percentage leaving hospital, without dependents, against medical advice, is about 6 percent.

26. Answer. By contact, find no complaints. Have heard rumors outside of hospital that some cases of several years back were kept in dark (not told exactly ailments or procedure for cure).

27. Answer. (1) Enlargement of hospital facilities, everything for the caring of at least 400.

(2) Additional doctors, nurses, and curriculum wherein patients have a hobby interest.

(3) Transportation bus routed direct to veterans' hospital, thereby providing better direct coming to and from for patients and visitors and hospital personnel.

(4) An ambulance reserve service for any emergency cases of any and all ex-service men and women.

(5) Recreation facilities wherein patients can relax and derive an outlook on life, thus getting their minds occupied with other than their personal ailments.

This report respectfully submitted at request of Commander in Chief Jean A. Brunner, Veterans of Foreign Wars of the United States.

CLYDE GUMMOW.

#### QUESTIONS TO BE ANSWERED AS TO EACH VETERANS' HOSPITAL

Name of hospital: Veterans' Administration facility.

Address: Lyons, N. J. (Neuropsychiatric, 1,879 beds.)

1. Question. Are there any general or specific complaints on the medical treatment and the hospital care received by the patients? If so, please describe briefly.

Answer. This is a mental institution and there may be numerous specific complaints. The most specific complaint is that men are retained against their wishes.

2. Question. Has remedial action been taken by the Veterans' Administration in these cases or others which may have been previously reported?

Answer. ———.

3. Question. What is your opinion of the relative standards of treatment in the veterans' hospitals as compared to the State, county, and municipal institutions in the same area?

Answer. The committee feels that the treatment, as far as facilities go, is better than generally applicable to State, county, and municipal institutions, and that the medical procedure is on a par with such institutions.

4. Question. Do the manager, chief medical officer, and/or clinical director feel they have sufficient authority to run the hospital as efficiently as they might desire?

Answer. Yes.

5. Question. Do they feel that there are undue restrictions and regulations under which they must function? If so, kindly specify in what way.

Answer. None; except those imposed by the condition of the times which are considered necessary to further the war effort.

6. Question. Do they feel they have sufficient authority and latitude to employ competent doctors, nurses, and attendants?

Answer. Yes. But unfortunately competent doctors, nurses, and other medical personnel are not presently available due to war conditions.

7. Question. Do they have encouragement and support in research, in participating in clinical meetings, symposiums, medical lecture courses, etc.?

Answer. The medical director has asked that the doctors participate as much as possible in attending local medical meetings, and go to various medical conventions.

Before the onset of the war the central office maintained diagnostic center postgraduate courses and central office approved these courses.

At the present time there is a medical officer scheduled to take a course at our research unit at Veterans' Administration, Northport, Long Island, in electroencephalography, and it is contemplated to assign doctors from time to time to similar courses (postgraduate work).

No research is being done at the present moment because of the pressure of work.

Doctors, unless assigned to the Northport, Long Island, facility have no opportunity in the research field.



There is need for more research work allowable throughout the Veterans' Administration facilities.

8. Question. What definite complaints, if any, are there as to the quality, quantity, variety, and preparation of food in the veterans' hospital?

Answer. None.

9. Question. Have there been, or are there any specific cases of alleged abuse or neglect of patients?

Answer. (By the following:)

Dr. Lopez: We investigate every injury sustained by a patient and in some instances we have a board of investigation, and there are some instances where we have found some abuse. If it can be proven in the course of investigation, charges are made against the employee.

Mr. Rogers: We designate a committee to carefully investigate the alleged abuse or reported abuse. The recommendations of the committee are considered; if it appears justifiable charges are then taken against the offender and proper action taken.

Colonel Mathews: I would like to have the number of complaints over a period of 2 years, the number of actual complaints received, the number which you consider warrant investigation, and the number that showed basis for complaint and the action taken in such case. What is the approximate number of complaints serious enough to make a formal investigation?

Mr. Rogers: We investigate all complaints.

10. Question. Are the recreational facilities adequate?

Answer. The recreation program is good for the type of cases.

11. Question. Is the canteen service satisfactory, and are the prices charged veterans reasonable? If not, please describe.

Answer. The area of the canteen should be enlarged. The operation of the canteen is satisfactory.

12. Question. Are the medical equipment and clinical arrangements satisfactory?

Answer. Yes. The facility is requested by central office to make their needs known to them with reference to new equipment, medical and scientific, as well as supplies, and to make estimates as to how much these will cost, and there is no difficulty in securing the necessary equipment.

13. Question. Are the periods of hospitalization proper? Too long? Too brief?

Answer. If the patient leaves on his own signature and is released against medical advice, it is too short.

If the patient is a long drawn chronic patient, the answer is too long.

This would be the distinction between the acute and the chronic cases. No distinction can be made between World War I and World War II cases as to "acute" or "chronic."

14. Question. Do patients feel they are required to remain in receiving wards too long before complete examinations and treatment are started?

Answer. Some do, particularly those veterans who come directly from Army installations, but most of them do not because they usually remain in the receiving ward about a week or ten days.

15. Question. How about cleanliness and neatness in the buildings and on the grounds?

Answer. The condition of the buildings and the grounds is excellent.

16. Question. Is it felt that the discipline and morale of the patients are satisfactory?

Answer. Yes. In order to have good morale in a mental hospital there has to be very active recreational and occupational programs, and this facility does possess these. A mental case cannot be disciplined, he can only be adroitly directed along channels. Because he is irresponsible he cannot be punished.

17. Question. Are the transportation facilities to and from the hospital adequate?

Answer. No. The hospital is too isolated.

18. Is the contact service considered satisfactory and adequate by the American Legion?

Answer. The contact service should be enlarged.

19. Question. How does the ratio of patients to full-time physicians and surgeons, nurses, and attendants in the veterans' hospital compare to that in State, county, and municipal institutions?

Answer. The ratio is much in excess of the personnel in State, county, and municipal institutions at the present time, due to the fact that the latter institutions are unable to fill their vacancies.

20. Question. Are the patients too crowded? Is there sufficient floor space per patient?

Answer by the following:

Dr. Lopez: "Five-foot spacings between beds, center to center, of course depending on type of patients. Crowding cannot be done in epileptic wards or wheel-chair patients."

Mr. Rogers: "Yes. Beds are too crowded; we do, however, expect to take care of same as soon as the new buildings are opened. This is due at the present to the dire need of beds."

21. Question. How do you find the discipline and morale of the hospital personnel? What are their complaints, if any?

Answer. Good.

22. Question. What is your recommendation as to type and number of additional beds that may be required for the new load?

Answer. The committee had no information at hand at the moment to make any recommendation. It is obvious, however, that a great number of additional beds must be provided.

23. Question. What percentage of the patients are leaving the hospital against medical advice? Why?

Answer by the following:

Mr. Rogers: "Seventeen percent. The patients' relatives feel when they first visit the patient that they can care for him at home. They have an impression that the patient is only sent here for a few days for clearance, and can be sent home. This is erroneous, in that a patient sent directly from the Army is sent here for hospital care. Too many patients are stopping here as a matter of its being just a period overlapping their going home; especially Army personnel being discharged from Fort Dix."

Dr. Lopez: "Every man who is mentally sick and is to be taken out of the hospital by a relative, the relative is sent to the chief medical officer and advised of his condition, to try to make the relative see the true picture of his actual illness. The question coming back is Why did the Army discharge him, and now you insist he should be kept at a veterans' hospital?"

Dr. Quigley: "'Discharge' should be changed to the word 'transfer' in the law, as to Army against Veterans' Administration."

Mr. Rogers: "The Army and the Veterans' Administration are two entirely separate organizations and set up on entirely opposite standards. I think what we should strive for is some means of having those men committed to the Veterans' Administration; and for the Army and Veterans' Administration to work together toward the goal as to the men's hospitalization."

Colonel Mathews: "Especially so, where the Army says the soldier is physically fit to go back to the community, and then when being brought into the Veterans' Administration is told that he is not physically fit."

Dr. Quigley: "How about 'Discharged from the Army and committed to the Veterans' Administration'?"

Dr. Snavely: "Suppose a man goes insane in service?"

Mr. Rogers: "They discharge him and send him here. He immediately becomes a veteran, and should he walk out of here he has an honorable discharge.

"No psychotic patient should be discharged to his home or institution until arrangements have been made that he be admitted to an appropriate institution for treatment.

"Army should cooperate with the Veterans' Administration."

Colonel Mathews: "I believe a great deal of the chief medical officer's time is spent arguing with relatives as to why the patient should remain here."

24. Question. What percentage of patients without dependents leave the hospital against medical advice due to the reduction of pension while being hospitalized?

Answer. No accurate data are obtainable.

25. Question. Could better personal care be furnished with staff aide program of Waacs trained in hospital routine, thus relieving nurses for more important duties?

Answer. No. Clerks now assigned to wards take care of all the necessary routine detail.

26. Question. Are there any complaints on the part of patients regarding the lack of information given them as to their physical condition and advice as to future treatment upon being discharged from the hospital?

Answer by the following:

Dr. Lopez: "Very few complaints, based on true facts, are not as a rule made."

Mr. Rogers: "Before discharge he is assigned to a social-service worker who



sees that the schedule given is carried out and if he does not cooperate as to correct home conditions he recommends that the patient return to the institution. This is called a trial visit for a period of 1 year.

"Patients are told upon being discharged from this hospital what to do to take care of themselves, where any type of care is necessary."

Mr. McCrosson: "Do you have sufficient social-service workers to maintain your load?"

Mr. Rogers: "We have eight positions open and have difficulty in filling same. These eight would take care of our immediate needs and we anticipate an additional six more. It is difficult to get competent social-service workers under these war conditions."

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NEW JERSEY MEMORIAL HOME FOR DISABLED SOLDIERS,  
SAILORS, MARINES, AND THEIR WIVES AND WIDOWS,  
Vineland, N. J., May 28, 1945.

MR. R. GRAHAM HUNTINGTON,  
*Department Commander, the American Legion,*  
Newark 2, N. J.

MY DEAR COMMANDER: Your committee on the survey of the veterans' facility at Lyons had an organization meeting at the Down Town Club, Newark, on Friday, May 4, at 7 p. m., at which all of the members of the committee, except Dr. Cosgrove, were present. Arrangements were made to meet with the manager and the chief medical officer of the Lyons facility on May 18, at 11:30 a. m.

The committee convened on this date and time and met with the manager, Homer Rogers, and the chief medical officer, Dr. Louis V. Lopez. All the members of the committee were present except Dr. Cosgrove and Thomas E. Duffy. Mr. Duffy was ill and confined to his home.

The committee was assisted by William F. Grund, director of service, American Legion, Department of New Jersey.

This is a combined facility. However, the claims and adjudication section will shortly be moved to Newark under the present manager, and a new manager of the hospital has been appointed who will shortly take over his duties.

The committee ascertained that a total of 2,043 beds was available at the present time; that as of July 1, 1945, 328 additional beds would be available; and as of October 1, 1945, 170 beds would be available; or a total of 2,541 beds.

The present patient population is 1,920: 359 patients are on trial visit; 34 patients are awol. Of this total population approximately 500 are World War II cases.

The present staff ratio is 1 physician to every 100 patients; 1 nurse to every 30 patients; 1 attendant to every 6.5 patients. Of the total attendants 149 were conscientious objectors. An additional 135 attendants have been requested. These will either be conscientious objectors, or the conscientious objectors will be replaced by Army personnel.

The management is of the opinion that in the conscientious objector as a whole they have a higher degree of intelligence applied to their duties than would be true of the normal attendant class.

After exploring the question proposed by the national commander the committee made a personal inspection of the hospital and of the disturbed wards, and of the food facilities. There appeared to be some crowding in the disturbed wards, but the committee felt, both as regards personnel and the area occupied by the disturbed patients, that while improvement was desirable, conditions were much better than would normally obtain in any of the municipal hospitals under present conditions. They were impressed with the cleanliness of the plant, with the facility and availability, and with the quantity and quality of the food served.

On the basis of admissions 90 percent of World War II admissions were on a voluntary basis. This raised numerous questions which mitigated against the smooth operation of the hospital and caused a number of misunderstandings to arise with the patients and families of World War II men admitted.

The committee felt that the Army, on discharging the patients on admission to the institution, should see that these patients are legally committed to the institution, the distinction being that on the present operation the veterans' facility has no authority to hold these patients if they, or their families, request their release.

The committee also felt that the scale of salaries and the services available to the manager and to the physicians should be increased, and that the hours of the physicians' day should be decreased.



The committee felt medical and custodial treatment of the patients were in line with good medical practice, and they were most favorably impressed with the whole operation of this institution.

The national commander's questionnaire and the answers thereto are attached herewith.

There is some additional information that we have requested from the Veterans' Administration, and as soon as it is available we will submit a supplemental report. However, this will not change the tenure of this report, or its conclusions.

Respectfully submitted.

W. REX McCROSSON, *Charman*,  
FREDERICK M. QUIGLEY, M. D.  
EARL H. SNAVELY, M. D.  
WILLIAM J. DONAHUE, M. D.  
Col. FRANK A. MATHEWS (Retired).

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VETERANS OF FOREIGN WARS OF THE UNITED STATES,  
NATIONAL REHABILITATION SERVICE,  
*Washington 5, D. C.*  
NEW JERSEY (ONE HOSPITAL)

Lyons Facility, Lyons: NP hospital, 1,879 beds.

Remarks: A very thorough investigation was apparently made (Veterans of Foreign Wars committee report).

Recommendations: Increased social-service workers. Increased staff. Employment of a male physical director. Enlargement of recreational facilities.

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DEPARTMENT OF NEW JERSEY,  
VETERANS OF FOREIGN WARS OF THE UNITED STATES,  
*May 12, 1945.*

Re investigation of Veterans' Hospital, Lyons, N. J.

JOSEPH L. WHITE,

*Department Commander, Veterans of Foreign Wars,  
State of New Jersey.*

DEAR COMRADE: Enclosed please find answers to questions on the enclosed list. Also a supplementary report from myself and the others on the investigating committee. Please have the adjutant type in my answers on the list numerically.

1. Answer. None.
2. Answer. Several complaints previously reported were found to be without foundation.
3. Answer. Treatment at this veterans' hospital, as compared to the others of same character, is of a much better grade.
4. Answer. The officers of the hospital do not feel handicapped by the loss of authority.
5. Answer. No undue restrictions or regulations.
6. Answer. They have.
7. Answer. They have.
8. Answer. None.
9. Answer. No specific cases.
10. Answer. Yes; for the present, but more space will be needed soon.
11. Answer. Space allotted for this service is inadequate.
12. Answer. Yes.
13. Answer. They are proper.
14. Answer. No.
15. Answer. Very good condition.
16. Answer. They are.
17. Answer. They are within necessary limitations. The authority to send ambulance to transport a case is not always certain.
18. Answer. The number of social-service workers should be doubled.

19. Answer. The ratio for in-patients is quite satisfactory. For the out-patients more physicians are needed.

20. Answer. No.

21. Answer. Quite satisfactory.

22. Answer. The three buildings under construction will provide 500 new beds. At least 500 new beds should be arranged for.

23. Answer. In 1944, 24 patients left hospital against medical advice. Parents or relatives insist on taking patient home.

24. Answer. No.

25. Answer. None at present.

26. Answer. There are such complaints. Justified upon the basis that many examinations are given for compensation rating only.

27. Answer. A closer contact between the physicians of the Lyons Veterans Hospital and the medical profession in the surrounding communities through the medical societies and consulting system.

#### SUPPLEMENTARY REPORT OF DEPARTMENT SURGEON

On my visits to the Lyons Veterans' Hospital I have been extended every courtesy both as a Veteran of Foreign Wars officer and as a colleague. Anything that has relation to the medical personnel, dentists, physiotherapy, X-ray, drugs, laboratories, attendants, and nurses was looked into both by actual rounds with the physicians and by spending considerable time over the medical charts. I found conditions are of a very high grade. Of course, allowance must be made for wartime shortage. The department that needs a good deal more help and where time is of essence, is the out-patient department. About 9,000 cases are examined yearly for compensation and treatment purposes. This is done by these 21 M. D.'s that are doing the in-patient ward. Too large a load, leading to either delay or snapshot judgment. The M. D.'s are mostly younger men, with good training and desire to really qualify themselves for a life work in this field. In my talks to patients, there were a few complaints, mostly from veterans of War II but without good reason.

Respectfully submitted.

Yours in comradeship,

S. H. POGOLFFUMS,  
Department Surgeon.

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#### BERGEN COUNTY COUNCIL, VETERANS OF FOREIGN WARS OF THE UNITED STATES.

#### REPORT AND RECOMMENDATIONS OF THE INVESTIGATION MADE OF RECREATION FACILITIES AT THE UNITED STATES VETERANS' ADMINISTRATION FACILITY, LYONS, N. J.

I arrived at the hospital Sunday morning at 10:30 and was ushered into the office of Manager Rogers. Comrades Giegold and Wynne were also present.

Those present representing the hospital were Manager Rogers, Chief Medical Officer Lieutenant Colonel Lopez, and other staff officers, and Miss Dossett, recreational director, and her assistant Miss Condell.

Miss Dossett gave a very comprehensive picture of activities under her supervision. She gave each member of the committee a pamphlet called the Bulletin, which outlines in detail recreational activities indulged in by the patients. Every night of the week except Saturday and Sunday is taken up with some type of entertainment at the Recreation Building. Miss Dossett stressed the point of providing entertainment on Saturday evenings and said that it was very necessary but that she was unable to do so because it was necessary to clear the floor and prepare for religious services Sunday morning.

Mr. Rogers, manager, informed me that funds had been provided by the Wright Aeronautical Co. for two bowling alleys when the Veterans' Administration provide the space.

Miss Condell, assistant to Miss Dossett, is in charge of athletic activities and outlined in detail her work in this field. She also informed me that she had sufficient equipment on hand for all athletic events under her direction. These

two women are doing a tremendous job and are very capable to perform their duties.

An inspection was made of the library and we found that there are on hand 7,777 books of all types to suit the needs and variety of all the patients.

Canteen service is provided under the direct supervision of Mr. Rogers, who informed me that all articles sold to the patients are very reasonably priced, but admitted the space allotted for this service is inadequate.

I interrogated quite a few of the patients on general conditions at the hospital and all agreed that they were satisfied with the treatment they were receiving.

I would like to make the following recommendations:

(13) Provide a physical director (male) to coordinate all activities of an athletic nature in order to insure the proper physical and moral build-up of the patients and for the future load to come.

(2) Erect a new and larger recreation building and make provisions for a chapel on the upper floor of which the entire area to be used for that purpose, the same would apply to the recreation hall as to area. In the basement provide bowling alleys and a large space for canteen service.

I firmly believe the above should be carried into effect. The present set-up for recreation for number of patients at the hospital at the present time is adequate but when the new load of patients start to arrive there will no doubt be a break-down in these activities unless the above recommendations are put in force as quickly as possible.

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WATNONG POST, No. 3401,  
VETERANS OF FOREIGN WARS OF THE UNITED STATES OF AMERICA,  
Morris Plains, N. J.

*Storage of food.*—Two boxes that were inspected were in good condition. Refrigeration was as good as can be expected. In the third and largest box a galvanized can containing putrid meat about  $\frac{1}{4}$  full was found. The stench was very repulsive. The explanation given was that it was left there temporary. Of course it was removed immediately. The rest of the meats stored was in good condition.

*Severage.*—Inspection of disposal plant assured me it was modern and up to date in every respect. Additions are in the course of construction.

*Grounds.*—Presented a well-kept and neat appearance.

*Roads.*—In excellent condition.

*Kitchens.*—What was inspected presented a clean and sanitary appearance.

*Closets.*—Linen and towel closets neat and fresh.

*Carpets.*—Discovered none.

*Floors.*—Clean and waxed.

*Heat.*—Plenty of radiation.

*Air.*—Well ventilated the places I saw.

*Bars on windows and doors.*—There are no bars on the windows. There is an outside grillwork covering half of the frame. There is a very strong wire netting outside the windows. Doors have the appearance of being fireproof, and are strong and sturdy.

*Benches.*—On the grounds there are a few here and there, comfortable and in good condition. In my estimation another hundred or two would be appreciated.

*Solariums.*—There are no solariums. Each floor has an outside, well-screened-in porch. There is room for about 20 patients at a time to mill around on.

*Status of patients that help in the maintenance of hospital.*—They are carefully selected from the ones that have shown improvement and appear trustworthy. They are not compensated in any way. There are no special privileges granted or any more consideration given them than the ones that are not qualified to do any work. Different tasks are allotted, as to their capabilities, qualifications, eligibility, and vocation. Tasks are not arduous. From what I have been informed an effort is being made to have them do work that will be of a beneficial nature, so as to fit them for a useful future. Attendants supervise different groups. There are between 1,100 and 1,200 patients engaged in various tasks.

*Dishes.*—They are not delicate. They are of the type that are used in dog wagons throughout the country but not quite so thick or heavy. There seems to be an ample amount.



## REPORT ON THE ADMINISTRATION OF VETERANS' HOSPITAL, LYONS, N. J.

(Data given by Mr. Homer Rogers, manager)

Number of patients: 1,893.

Authority is not restricted by limited budget.

No cumbersome or delayed details if requests are justified by central office.

Availability of personnel and food is not hampered by the war; personnel is obtained through the splendid services of the civil service, radio, and newspaper advertising.

Attendants, complement, 287; current vacancies, 129; on hand, 158; and also 144 conscientious objectors serving as attendants and mess attendants. Conscientious objectors are a clean lot of men, mostly educated and give no trouble to manager.

Turn-over in personnel is 28 percent.

Rate of pay: Attendants, \$1,600.20 per year plus a 21 percent war increase; maximum \$300 per year in this class. Out of this pay deductions are made as follows: \$366 per year for room (two men in room) and three meals per day—one meal per day deduction of \$90, 2 meals per day deduction of \$180. Rooms of attendants are clean, well kept, and light and airy, recreation rooms are provided for regular help and the Government has leased an estate for the conscientious objectors off the reservation. The head attendant claims that the conscientious objectors boys are the finest attendants and no trouble at all.

Rate of pay for chef, \$2,660; head cook, \$2,340; cooks A, \$2,032; cooks B, \$1,800; mess attendants, \$1,600; guards, \$1,500.

Per capital cost per patient per day \$2.08 to \$2.14—it varies in seasons.

Only one ambulance is in regular attendance—but several private cars are constantly maintained for immediate use of transportation. Service is 24 hours.

Visitors allowed on Wednesdays and Sundays. Bus transportation to train and also to Summit, N. J., runs frequently.

New units to be opened for 500 beds on June 1, and then manager expects to get another quota of conscientious objectors for attendants and help. I understand, from the head of the attendants that the Government pays these conscientious objectors only \$10 per month and keep.

I went through the attendants' units and kitchen and storage warehouses and was impressed with the sides of beef and meat in general in cold storage; butchers were trimming pork that was raised on reservation—although on that day I was invited for dinner, which consisted mostly of beans; plain but wholesome food was served. Everything was spick and span as can be expected.

I was treated courteously and in general thought that the place was run in a first-class condition.

My only objection is the amount of conscientious objectors that are used as attendants for the mental sick. I don't think that the thought of being attended by a conscientious objector helps the mentally sick man, in view of the fact that they are of opposite ideas.

Mr. H. Rogers informs me that they have approximately 59,500 claims pending and that they are coming in at the rate of 1,500 per month and that when they get located in some large quarters in Newark that their capacity for claims will be much better.

Most claims are held up due to improper detailed information, which must be obtained before claim can be acted upon.

While I was at the hospital many investigating persons were there either before or after me, and it seems that the personnel is just waiting for some investigator to come around. They had Congressmen, FBI, and other veteran groups asking the same questions that I was there for.

I previously had got in touch with some of my post commanders in Union County seeking to find some specific case of mistreatment at the above-mentioned hospital, but the only case that I heard of was a fellow from Hillside that claimed that he was really treated in fine shape.

I hope that the information I have obtained is of some value to our committee, and while I am not an investigator by profession, I have attempted to carry out the work as laid out by our chairman.

L. VON DEN STEINEN.

## QUESTIONS TO BE ANSWERED AS TO EACH VETERANS' HOSPITAL

(Kindly respond in same numerical order and air mail the report to National Commander Scheiberling, Washington 6, D. C.)

Name of hospital: Veterans' Administration facility, hospital, and regional office.

Address: Albuquerque, N. Mex. (general medical and surgical, 313 beds).

1. Question. Are there any general or specific complaints on the medical treatment and hospital care received by the patients? If so, please describe briefly.

Answer. In 1944 I visited this facility twice, talked to patients in all wards, and I heard no complaints as to medical treatment or hospital care.

2. Question. Has remedial action been taken by the Veterans' Administration in these cases or others which may have been previously reported?

Answer. ———.

3. Question. What is your opinion of the relative standards of treatment in the veterans' hospitals as compared to the State, county, and municipal institutions in the same area?

Answer. Superior.

4. Question. Do the manager, chief medical officer, and/or clinical director feel they have sufficient authority to run the hospital as efficiently as they might desire?

Answer. Yes.

5. Question. Do they feel that there are undue restrictions and regulations under which they must function? If so, kindly specify in what way.

Answer. No.

6. Question. Do they feel they have sufficient authority and latitude to employ competent doctors, nurses, and attendants?

Answer. Yes.

7. Question. Do they have encouragement and support in research in participating in clinical meetings, symposium, medical lecture courses, etc.?

Answer. Yes.

8. Question. What definite complaints, if any, are there as to the quality, quantity, variety, and preparation of food in the veterans' hospitals?

Answer. No complaints of any importance.

Food is of good quality, servings ample. Shortage of bacon.

9. Question. Have there been or are there any specific cases of alleged abuse or neglect of patients?

Answer. No.

10. Question. Are the recreational facilities adequate?

Answer. No.

11. Question. Is the canteen service satisfactory, and are the prices charged veterans reasonable? If not, please describe.

Answer. Canteen is too small. Prices are fair.

12. Question. Are the medical equipment and clinical arrangements satisfactory?

Answer. Yes.

13. Question. Are the periods of hospitalization proper? Too long? Too brief?

Answer. Proper.

14. Question. Do patients feel they are required to remain in receiving wards too long before complete examinations and treatment are started?

Answer. No.

15. Question. How about cleanliness and neatness in the buildings and on the grounds?

Answer. Clean and neat.

16. Question. Is it felt that the discipline and morale of the patients are satisfactory?

Answer. Yes. Morale very good.

17. Question. Are the transportation facilities to and from the hospital adequate?

Answer. Yes.

18. Question. Is the contact service considered satisfactory and adequate by the American Legion?

Answer. Being expanded. Jim Neeley for many years department adjutant and service officer, heads this department. Well-qualified man.

19. Question. How does the ratio of patients to full-time physicians and surgeons, nurses, and attendants in the veterans' hospital compare to that in State, county, and municipal institutions?

Answer. Personnel quite adequate. Need skin specialists.

20. Question. Are the patients too crowded? Is there sufficient floor space per patient?

Answer. No crowding of patients. Seems to be sufficient floor space per patient.

21. Question. How do you find the discipline and morale of the hospital personnel? What are their complaints, if any?

Answer. Excellent.

22. Question. What is your recommendation as to type and number of additional beds that may be required for the new load?

Answer. Official capacity is now 259. Recommend an additional 100 tuberculosis and 250 general, medical, and surgical beds.

23. Question. What percentage of the patients are leaving the hospital against medical advice? Why?

Answer. For the period December 1944 to March 1, 1945, there were 333 discharges, 21 of which were classified as a. m. a. discharges, or approximately 6 percent.

24. Question. What percentage of patients without dependents leave the hospitals against medical advice due to the reduction in pension while being hospitalized?

Answer. Very small percent. One patient demanding a discharge stated he had not been home since his discharge from service and was anxious to contact his relatives and friends.

25. Question. Could better personal care be furnished with staff aid program of WACs trained in hospital routine, thus relieving nurses for more important duties?

Answer. Yes.

26. Question. Are there any complaints on the part of the patients regarding the lack of information given them as to their physical condition and advice as to future treatment upon being discharged from the hospital?

Answer. Not to my knowledge.

27. Question. What general or specific recommendations would you offer as to the medical treatment and hospital care of veterans in Veterans' Administration facilities?

Answer. Recommend that a skin specialist, more hospital attendants, and a social-service worker be assigned.

STATE OF NEW MEXICO,  
OFFICE OF THE ADJUTANT GENERAL,  
Santa Fe, March 31, 1945.

EDWARD N. SCHEIBERLING.

National Commander, the American Legion,  
Washington, D. C.

DEAR COMMANDER: I hope the attached completed forms meet with your approval, but if you desire further information do not hesitate to call upon me for it.

I think we are most fortunate in New Mexico in having two excellent facilities such as we have in Albuquerque and Fort Bayard.

Bernard A. Gates, field secretary, is doing a splendid job as did Jack Oakey, director, when he was in the field.

Very truly yours,

RAY ANDREW,  
Department Commander.

#### QUESTIONS TO BE ANSWERED AS TO EACH VETERANS' HOSPITAL

(Kindly respond in same numerical order, and air mail the report to National Commander Scheiberling, Washington 6, D. C.)

Name of hospital: Veterans' Administration facility.

Address: Fort Bayard, N. Mex. (TB, 305 beds).

1. Question. Are there any general or specific complaints on the medical treatment and hospital care received by the patients? If so, please describe briefly.



Answer. August 25, 1944. I spent 5 hours visiting and inspecting hospital. Talked with and asked many questions of patients. Not one complaint was registered as to their treatment and care.

2. Question. Has remedial action been taken by the Veterans' Administration in these cases or others which may have been previously reported?

Answer. None necessary.

3. Answer. What is your opinion of the relative standards of treatment in the veterans' hospitals as compared to the State, county, and municipal institutions in the same area?

Answer. Superior.

4. Question. Do the manager, chief medical officer, and/or clinical director feel they have sufficient authority to run the hospital as efficiently as they might desire?

Answer. Yes. There is some delay in transferring patients to other hospitals due to lack of suitable train accommodations.

5. Question. Do they feel that there are undue restrictions and regulations under which they must function? If so, kindly specify in what way.

Answer. Not to my knowledge.

6. Do they feel they have sufficient authority and latitude to employ competent doctors, nurses, and attendants?

Answer. Yes.

7. Question. Do they have encouragement and support in research, in participating in clinical meetings, symposiums, medical lecture courses, etc.?

Answer. Yes.

8. Question. What definite complaints, if any, are there as to the quality, quantity, variety, and preparation of food in the veterans' hospitals?

Answer. No definite complaints. Menu was wholesome and plentiful. Kitchen refrigerators, chef, and assistants were exceptionally clean.

9. Question. Have there been or are there any specific cases of alleged abuse or neglect of patients?

Answer. One patient was struck by a doctor. Doctor has since been transferred.

10. Question. Are the recreational facilities adequate?

Answer. Yes; five theaters.

11. Question. Is the canteen service satisfactory, and are the prices charged veterans reasonable? If not, please describe.

Answer. Yes. Prices are fair; cigarettes scarce.

12. Question. Are the medical equipment and clinical arrangements satisfactory?

Answer. No. Need for X-ray equipment. It is badly needed.

13. Question. Are the periods of hospitalization proper? Too long? Too brief?

Answer. I believe so.

14. Question. Do patients feel they are required to remain in receiving wards too long before complete examinations and treatments are started?

Answer. I received no complaint about this.

15. Question. How about cleanliness and neatness in the buildings and on the grounds?

Answer. My tour of inspection covered all buildings and grounds. I was impressed with the cleanliness and neatness. Streets and roads in bad condition.

16. Question. Is it felt that the discipline and morale of the patients are satisfactory?

Answer. Yes.

17. Question. Are the transportation facilities to and from the hospital adequate?

Answer. No. Rail service very bad, due to isolated site of facility. Bus service is inadequate.

18. Question. Is the contact service considered satisfactory and adequate by the American Legion?

Answer. No.

19. Question. How does the ratio of patients to full-time physicians and surgeons, nurses, and attendants in the veterans' hospital compare to that in State, county, and municipal institutions?

Answer. I believe the facility is understaffed but the patient does not suffer because of this. Comparable to State institutions in this respect.

20. Question. Are the patients too crowded? Is there sufficient floor space per patient?

Answer. Yes.

21. Question. How do you find the discipline and morale of the hospital personnel? What are their complaints, if any?

Answer. Very good. Nurses would like to be commissioned.

22. Question. What is your recommendation as to type and number of additional beds that may be required for the new load?

Answer. Adequate facilities for present time. Official capacity 305 beds. Recommend additional 200 beds to handle new load.

23. Question. What percentage of the patients are leaving the hospital against medical advice? Why?

Answer. Approximately 4 percent.

24. What percentage of patients without dependents leave the hospitals against medical advice due to the reduction in pension while being hospitalized?

Answer. About one-half of 1 percent covering period of December 1944 to March 1, 1945.

25. Question. Could better personal care be furnished with staff aide program of WACs trained in hospital routine, thus relieving nurses for more important duties?

Answer. Yes.

26. Are there any complaints on the part of the patients regarding the lack of information given them as to their physical condition and advice as to future treatment upon being discharged from the hospital?

Answer. Not to my knowledge.

27. Question. What general or specific recommendations would you offer as to the medical treatment and hospital care of veterans in Veterans' Administration facilities?

Answer. I recommend more and better X-ray equipment. Better transportation facilities to and from hospital. Streets and roads be put in good condition and kept up.

VETERANS OF FOREIGN WARS OF THE UNITED STATES,  
NATIONAL REHABILITATION SERVICE,  
Washington 5, D. C.

NEW MEXICO (TWO HOSPITALS)

Albuquerque facility, Albuquerque: General hospital, 313 beds.

No complaints; no recommendations.

Fort Bayard facility, Fort Bayard: TB hospital, 305 beds.

No complaints; no recommendations.

Remarks: Both these hospitals given a clean bill of health.

LIST OF QUESTIONS TO BE ANSWERED IN NUMERICAL ORDER AS TO EACH HOSPITAL  
(Copies in triplicate furnished the Commander in Chief)

1. Question. Are there any general or specific complaints on the medical treatment and hospital care received by the patients? If so, please describe briefly.

Answer. Some complaint as to overcrowding but on interviewing patients and personnel, this is being remedied as fast as is possible due to shortage of labor. Some complaint about food.

2. Question. Has remedial action been taken by the Veterans' Administration in these cases or others which may have been previously reported?

Answer. Yes; my information is that food is better.

3. Question. What is your opinion of the relative standards of treatment in the veterans' hospitals as compared to the State, county, and municipal institutions in the same area?

Answer. Much better; in fact better as a whole than private hospitals in this area.

4. Question. Do the manager, chief medical officer, and/or clinical director feel they have sufficient authority to run the hospital as efficiently as they might desire?

Answer. Yes.

5. Question. Do they feel that there are undue restrictions and regulations under which they must function? If so, kindly specify in what way.

Answer. They state there is not.

6. Question. Do they feel they have sufficient authority and latitude to employ competent doctors, nurses, and attendants?

Answer. Yes; but a lot of that kind of help is not available. They could use more help of all kinds if they could get it.

7. Question. Do they have encouragement and support in research, in participating in clinical meetings, symposiums, medical-lecture courses, etc.?

Answer. Yes.

8. Question. What definite complaints, if any, are there as to the quality, quantity, variety, and preparation of food in the veterans' hospitals?

Answer. Some "kick" about the food by a few patients but in interviewing patients and personally eating meals with them at same table find that the major portion are well satisfied with the food.

9. Question. Have there been or are there any specific cases of alleged abuse or neglect of patients?

Answer. No.

10. Question. Are the recreational facilities adequate?

Answer. Yes.

11. Question. Is the canteen service satisfactory, and are the prices charged veterans reasonable? If not, please describe.

Answer. Compares with canteen service at local air bases and better than at Army hospital.

12. Question. Are the medical equipment and clinical arrangements satisfactory?

Answer. They seem to be.

13. Question. Are the periods of hospitalization proper? Too long? Too brief?

Answer. They seem to be.

14. Question. Do patients feel they are required to remain in receiving wards too long before complete examinations and treatment are started?

Answer. Some do, but the major part do not.

15. Question. How about cleanliness and neatness in the buildings and on the grounds?

Answer. Good.

16. Question. Is it felt that the discipline and morale of the patients are satisfactory?

Answer. Yes.

17. Question. Are the transportation facilities to and from the hospital adequate?

Answer. Yes.

18. Question. Is the contact service considered satisfactory and adequate by the VFW?

Answer. No; but we now have a service officer full time.

19. Question. How does the ratio of patients to full-time physicians and surgeons, nurses, and attendants in the veterans' hospital compare to that in State, county, and municipal institutions?

Answer. Much better.

20. Question. Are the patients too crowded? Is there sufficient floor space per patient?

Answer. Not as much room per patient as formerly but this is being remedied.

21. Question. How do they find the discipline and morale of the hospital personnel? What are their complaints, if any?

Answer. They all would like to have more help but they are staying on the job and seem to understand that the personnel shortage is being taken care of in the best way possible.

22. Question. What is your recommendation as to type and number of additional beds that may be required for the new load?

Answer. I have no idea as every hospital in this department is now full and no doubt there will be thousands of ex-servicemen coming here as health seekers as was the case after World War I.

23. Question. What percentage of the patients are leaving the hospital against medical advice? Why?

Answer. Very few.

24. Question. Could better personal care be furnished with staff aide program of WAC's trained in hospital routine, thus relieving nurses for more important duties?

Answer. Yes.



25. Question. What percentage of patients without dependents leave the hospitals against medical advice due to the reduction in pension while being hospitalized?

Answer. No information available.

26. Question. Are there any complaints on the part of the patients regarding the lack of information given them as to their physical condition and advice as to future treatment upon being discharged from the hospital?

Answer. Interviewing patients I did not find any that felt that way.

27. Question. What general or specific recommendations would you offer as to the medical treatment and hospital care of veterans in Veterans' Administration facilities?

Answer. Of the two facilities I personally inspected, at Albuquerque and Fort Bayard, I found that the patients were getting as good care as they could get in most of the private hospitals in this area, and that the majority were satisfied with their treatment and surroundings.

ED LAUGHLIN,

*Department Commander, Department of New Mexico.*

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FORT BAYARD, N. Mex., May 5, 1945.

#### REPORT OF COMMITTEE INVESTIGATING ABOVE HOSPITAL

1. Answer. Medical, as a whole, is satisfactory. Hospital care is not entirely satisfactory, due to the fact that there is a slight shortage of doctors, larger shortage of nurses, and a severe shortage of orderlies and attendants.

2. Answer. To the best of our knowledge, all cases have been handled according to Veterans' Administration regulations.

3. Answer. A favorable comparison is indicated.

4. Answer. No. Veterans' Administration and civil-service regulations handicap hospital authorities in giving the best service to patients. This is the committee's opinion.

5. Answer. Yes; but regulations do not permit them to follow any other course.

6. Answer. Their answer is, "They are governed by Veterans' Administration regulations."

7. Answer. Research: Clinical meeting every Tuesday a. m. Symposiums, yes. No lecture courses except by doctors on the staff.

8. Answer. Quality as good as manager has been able to obtain, although correspondence proves repeated requests for better standards of food was of no avail. Quantity sufficient, as good as can be obtained. Preparation fair; reason, shortage of help, and some of this help is inexperienced and incompetent. Wages here far below standard this area.

9. Answer. Not to our findings, but some cases of transfer should be accepted more promptly by the hospital to which they should be sent.

10. Answer. Yes.

11. Answer. Yes.

12. Answer. Yes; with replacements now authorized.

13. Answer. Yes; to the best of our knowledge.

14. Answer. Our findings show few complaints.

15. Answer. Cleanliness far below standard—we feel due to shortage of orderlies. Grounds are excellent. Prisoners of war have, and are doing, a perfect job.

16. Answer. No. Morale not satisfactory—good, previous to the last 2 or 3 months. Articles appearing in magazine; food preparation not up to standard (due to shortage and incompetent help), and patients being told by Captain Dorfman that they were not receiving the proper food and medical attention, treatment all wrong. We refer you to his submitted testimony, and that of other members of the medical staff, as to other statements made by Captain Dorfman.

17. Answer. Yes.

18. Answer. Yes.

19. Answer. Higher in Veterans' Administration; information based on civilian hospitals.

20. Answer. Not crowded, and has sufficient floor space.

21. Answer. Low—due to agitation and unrest among the patients, caused by false rumors, magazine, and newspaper articles, food poor, and patients were not receiving proper medical attention.

22. Answer. Type. Should be for TB. Double the limit of present water supply.

23. Answer. Twenty-one and nine-tenths percent. Why? Domestic reasons, cut in compensation, general unrest, due to propaganda spread through the hospital; some cannot adjust themselves to regulations of hospital regime.

24. Answer. We do not think so—privileges to them—not extended to nurses. Doctors in uniform, nurses not.

25. Answer. Indications are that many leave for that reason alone.

26. Answer. No.

27. Answer. Separate out-patient department, to let present doctors devote full time to hospital duties. All nonservice patients be permitted to take out-patient treatment, thus giving beds to patients requiring constant hospitalization. Separate domiciliary unit for those who do not need medical care, but do need institutional care. Let them take care of their barracks, do some gardening, etc.

STEPHEN J. DUNKLIN,

A. O. STEYSKOL,

*Past Department Commander, United Spanish War Veterans, New Mexico.*

#### BATAVIA FACILITY, BATAVIA, N. Y.

Combined facility: General, medical, and surgical hospital and regional office of Veterans' Administration. Manager, Col. Charles F. Sargent. Hospital capacity, 295; census, 228. World War I, 70 percent; World War II, 30 percent. Medical personnel, 100 percent filled; nursing personnel, 5 vacancies; attendant personnel, 11 vacancies.

The affiliation of 20 student cadet nurses, and some part-time nurses' aides is of great assistance to the nursing staff.

There were no complaints and I have heard of none otherwise, of the medical care and attention, the nursing care, the quality and service of food. Ample space for occupational therapy training exists. The recreation facilities are ample and well regulated. In fact, a very happy condition seems to exist throughout this facility.

VETERANS' ADMINISTRATION,

*Philadelphia 6, Pa.*

REPORT OF VISIT BY MICHAEL M. MARKOWITZ, PHILADELPHIA, PA., AND CLARENCE R. SMITH, BATAVIA, N. Y., NATIONAL FIELD SECRETARIES

Agency visited: Veterans' Administration facility, Batavia, N. Y.

Dates of visit: May 10, 11, 12, 1945.

This is a combined facility, a general medical hospital, and regional office under the management of Charles F. Sargent.

#### REGIONAL OFFICE

We found that Mr. Sargent has a very extensive plan under way for the expansion of the activities of this regional office. There has been submitted to the central office of the Veterans' Administration a request for the authorization of about 400 additional employees to serve in the various branch and contact offices to be established in the territory served from Batavia. The slowness with which the central office moves in giving proper authorization for the setting up of the organization chart and the delay in civil service certifications is certainly very discouraging and definitely impedes progress. From 4 to 8 weeks are required for central office to authorize and from 3 to 6 weeks are taken by Civil Service to submit registers of the qualified personnel. Additional building space will be required for the proper functioning of the added personnel to be located at this office if it is being set up. Some space will be acquired by remodeling of space previously used for storage purposes. Some very definite pressure ought to be applied in Washington, D. C., to encourage satisfactory action on the part of those in authority there to speed the decentralization of activities. The load is becoming heavier each day and unless the needed personnel is made available promptly, all activities will be slowed up in regional offices where the expansion movement is trying to be effectuated.

## LEGAL DEPARTMENT

The legal department is under the direction of Mr. Cross, and 2,058 cases are being handled in this department, consisting of about 400 incompetents, 600 to 700 guardianships or minors and approximately 200 custodianships. Three-fifths of all new cases are guardianships, banks are customarily appointed as guardians. There are only 3 field examiners in this division and 1 additional field examiner is needed immediately. This division is 222 cases behind in investigation. During the first 10 days in May 66 new cases were added to this division. It is simply impossible to catch up with the backlog and take care of the current cases without additional help.

## ADJUDICATION DIVISION

This division is headed by Mr. J. T. Graham, and, as in other divisions, lack of sufficient personnel impedes the prompt handling of the work which is channeled through this department. One of the bottlenecks is, of course, the lack of sufficient medical personnel to make examinations. We saw a list of 1,500 pending cases, World War II, all original claims, and no initial ratings have been made on any of them. Some of the applications bear dates of as far back as November 1943. Clarence R. Smith will check the folders on the oldest cases in this group to determine just what the delay in adjudication has been. The shortage of stenographers, four adjudicators, and two authorizers is acute and these should be appointed immediately. This office receives approximately 400 new claims per month of World War II cases. There are three 4-man boards functioning at this station, two medical men on each board. This is not too satisfactory an arrangement. We found that lack of forms is delaying the notification of adjudication of death claims of widows. There is also considerable delay in the processing of subsistence allowance payment under Public, Nos. 16 and 346. This is being adjusted by having one of the adjudicators assigned especially to take care of the processing of this type of case.

## CONTACT DIVISION

Contact offices have been established in Buffalo, Rochester, Syracuse, and Binghamton, and others are to be opened in Watertown, Utica, and Jamestown. Contact representatives are also stationed at Rhoads General Hospital and Bath. There are 15 contact representatives presently employed, 6 more coming, with only 2 experienced men at the station, one of whom is Mr. C. E. Martin, who is chief of contact. You will not that the number of medical examiners for rating purposes pending is 8,126. We found that Mr. A. C. Johnson, who is the rehabilitation officer, is very much concerned with the slowness with which his division can cope with the work assigned to it. Lack of personnel is again a very serious handicap. There have been 15 stenographers and the same number of typists authorized for this department alone and not a single application is on file. Fourteen training officers have been authorized and a request to Civil Service 8 weeks ago has produced no results. We found that delays in mail and records and in assignment of C numbers are prevalent, and the shortage of supplies causes delay in processing men under Public, Nos. 16 and 346.

## RECOMMENDATIONS

- (1) Central office be persuaded to grant sufficient authority to manager of regional office to fill complement of personnel as needed without compelling him to write for special authorization each time an appointment is to be made. When the table of organization has been approved he should be permitted to make his selections as, in his opinion, the need arises.
- (2) That contact be made with Civil Service to speed the process of submitting registers of those qualified to hold positions.
- (3) That a very definite effort be made to man the out-patient examination medical staff adequately enough to meet the demand which is upon this division. At least five additional medical officers should be assigned full time to this division.

## HOSPITAL

Lt. Col. C. Locke is the chief medical officer at this station. We found that part of the third floor of this hospital has now been reopened. This was made possible by the fact that 20 senior cadet nurses have been assigned to this sta-



tion, and with only 5 vacancies in the nursing staff, the hospital finds itself in rather good condition to render definitely good service. As soon as additional senior cadets are assigned and additional full-time nurses are procured, the other half of the third floor will be reopened. The hospital was filled to capacity at the time of our visit. The food was up to proper standards, and, in our opinion, the quality and quantity are both very commendable. Here also we find a shortage of eggs, particularly in the past month, and a meat shortage is also beginning to be felt. The equipment in the kitchen is fair; the dish-washing unit requires considerable attention and some thought ought to be given to new dish-washing equipment.

#### X-RAY DIVISION

The X-ray department is understaffed. There is definitely a need for three additional technicians. The delays in making diagnoses because of the delay in procuring X-rays when needed is a very serious problem here. We talked with several men who were awaiting diagnoses in their cases from 3 to 6 weeks and they occupy valuable space in the hospital which might be utilized by other patients. New X-ray machines are needed at this station and the fluoroscopic machine should be replaced. A modern shock-proof systoscopic machine is definitely required here.

In the physiotherapy department more space should be assigned for its activity and, as additional spinal-injury cases are being referred to this hospital, new physiotherapy equipment is needed for this type of patient. The dental service is being expanded.

The recreation is handled by Miss Kingland and much entertainment is furnished by outside organizations. The library adjoins the recreation hall and there is need here of a new record cabinet to store phonograph records. The pool table and shuffleboards might also be installed.

MICHAEL M. MARKOWITZ,  
CLARENCE R. SMITH,  
*National Field Secretaries.*

#### RECOMMENDATIONS

- (1) Every effort be made to fill vacancies in medical and nursing staffs.
- (2) Replacement of fluoroscopic machine, new X-ray machine be purchased, and new shockproof systoscopic machine be obtained.
- (3) Two X-ray technicians be procured.

#### QUESTIONS TO BE ANSWERED AS TO EACH VETERANS' HOSPITAL

(Kindly respond in same numerical order, and air mail the report to National Commander Scheiberling, Washington 6, D. C.)

Name of hospital: Bath facility (general medical and surgical, 428 beds; domiciliary, 1,477 beds).

Address: Bath, N. Y.

1. Question. Are there any general or specific complaints on the medical treatment and hospital care received by the patients? If so, please describe briefly.

Answer. Matter of Doctor Faulkhauser closed.

2. Question. Has remedial action been taken by the Veterans' Administration in these cases or others which may have been previously reported?

Answer. Yes.

3. Question. What is your opinion of the relative standards of treatment in the veterans' hospitals as compared to the State, county, and municipal institutions in the same area?

Answer. Equally as good. Doctor Woodward a very able clinical director.

4. Question. Do the manager, chief medical officer, and/or clinical director feel they have sufficient authority to run the hospital as efficiently as they might desire?

Answer. Yes.

5. Question. Do they feel that there are undue restrictions and regulations under which they must function? If so, kindly specify in what way.

Answer. No.

6. Question. Do they feel they have sufficient authority and latitude to employ competent doctors, nurses, and attendants?

Answer. Yes.

7. Question. Do they have encouragement and support in research, in participating in clinical meetings, symposiums, medical lecture courses, etc.?

Answer. Yes.

8. Question. What definite complaints, if any, are there as to the quality, quantity, variety, and preparation of food in the veterans' hospitals?

Answer. None.

9. Question. Have there been or are there any specific cases of alleged abuse or neglect of patients?

Answer. No.

10. Question. Are the recreational facilities adequate?

Answer. No.

11. Question. Is the canteen service satisfactory, and are the prices charged veterans reasonable? If not, please describe.

Answer. Hospital, no; domiciliary, yes.

12. Question. Are the medical equipment and clinical arrangements satisfactory?

Answer. Yes.

13. Question. Are the periods of hospitalization proper? Too long? Too brief?

Answer. Normal.

14. Question. Do patients feel they are required to remain in receiving wards too long before complete examinations and treatment are started?

Answer. No.

15. Question. How about cleanliness and neatness in the buildings and on the grounds?

Answer. Excellent.

16. Question. Is it felt that the discipline and morale of the patients are satisfactory?

Answer. Yes.

17. Question. Are the transportation facilities to and from the hospital adequate?

Answer. Yes.

18. Question. Is the contact service considered satisfactory and adequate by the American Legion?

Answer. Yes.

19. Question. How does the ratio of patients to full-time physicians and surgeons, nurses, and attendants in the veterans' hospital compare to that in State, county, and municipal institutions?

Answer. Yes.

20. Question. (a) Are the patients too crowded? (b) Is there sufficient floor space per patient?

Answer. (a) No. (b) Yes.

21. Question. How do you find the discipline and morale of the hospital personnel? What are their complaints, if any?

Answer. Very good.

22. Question. What is your recommendation as to type and number of additional beds that may be required for the new load?

Answer. New administration building, occupational therapy shop, and recreation hall, new buildings and replace old.

23. Question. What percentage of the patients are leaving the hospital against medical advice? Why?

Answer. —.

24. Question. What percentage of patients without dependents leave the hospitals against medical advice due to the reduction in pension while being hospitalized?

Answer. —.

25. Question. Could better personal care be furnished with staff aide program of Wacs trained in hospital routine, thus relieving nurses for more important duties?

Answer. Yes.

26. Question. Are there any complaints on the part of the patients regarding the lack of information given them as to their physical condition and advice as to future treatment upon being discharge from the hospital?

Answer. No.

27. Question. What general or specific recommendations would you offer as to the medical treatment and hospital care of veterans in Veterans' Administration facilities?

Answer. As noted in report.

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JUNE 4, 1945.

**BATH FACILITY, BATH, N. Y.**

This facility serves in a dual capacity.

General medical and surgical hospital and domiciliary home. Hospital capacity, 428; census, 280. Domicile capacity, 1,477; census, 1,118. Manager, Col. John A. Hadley.

• General conditions here seem to be in first-class state. One vacancy in the medical staff, that of neuropsychiatrist; only six nursing vacancies and four attendants. The medical care and treatment is beyond reproach. The matter of Dr. Faulkhauser having been disposed of satisfactorily. The meals in both parts of this institution are good and well served. There is need for additional space for an adequate occupational therapy shop and recreation room in the hospital, also expanded laundry facilities. A new administration building adjacent to the hospital is an absolute need.

The condition of the old domiciliary buildings is well known and of long standing. The erection of modern buildings should be of first consideration and given every priority.

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**NATIONAL FIELD SERVICE,  
THE AMERICAN LEGION,  
Philadelphia 6, Pa.**

**REPORT OF VISIT OF MICHAEL M. MARKOWITZ, PHILADELPHIA, PA., AND CLARENCE  
R. SMITH, BATAVIA, N. Y., NATIONAL FIELD SECRETARIES**

Agency visited: Veterans' Administration facility, Bath, N. Y.

Dates of visit: May 1, 2, 3, 4, 1945.

This is a general medical and domiciliary facility located in the suburbs of the city of Bath, reached from the central part of town via bus service, which is adequate to handle the situation.

On the second day of our visit, Department Commander Leo Lanning and his staff, including the president of the auxiliary and her staff, visited the institution and the entire party were served the regular dinner, which was being served in the institution on that date. The party made a tour of inspection of the entire facility on Tuesday, May 1.

John A. Hadley, the manager, and Dr. Roy Woodward, chief medical officer, were both very courteous in extending to us the free access to all departments of the facility.

We found the patient load in the hospital very low at time of our visit. We visited all of the wards here and talked with most of the patients. We found them quite satisfied with the treatment and service given them. We found no complaint about the food. Miss Padgham, chief dietitian, finds herself in a rather different situation here than the dietitians generally find in other establishments of this sort. The help situation is very good. It has been possible to recruit local residents to work in the kitchen and also as attendants. Quite a number of the men in the domiciliary facility are used as aides in the various departments. We found the meals good in quality and sufficient in quantity. The dining room is small and the kitchen is not of adequate size, particularly when we take into consideration the fact that the emergency capacity of this institution is 723 patients.

**OCCUPATIONAL THERAPY**

There is no occupational therapy shop in the hospital proper, but we were informed that an occupational therapy aide is on the way now and the shop will be opened shortly.



## X-RAY DEPARTMENT

This department can stand a great deal of overhauling. We find, for instance, that the X-ray machines cannot be operated when a cardiogram is being made in the next room, the rooms being adjacent to one another, and electrical interference prevents the functioning of both departments at the same time.

There is need for a rotating-anode tube and a high speed "Bucky."

## RECREATIONAL ACTIVITIES

The recreational activities are not what they should be, due to the fact that the activities are scattered because of lack of proper space. There is need for a new recreational building which could house all of the activities.

## LAUNDRY

The laundry is small and has a terrific load to carry. There should be some enlargement of this facility in the near future.

## NURSING

The nursing staff is in need of five additional personnel. There are only six vacancies in the hospital attendants group, and a fair percentage of the attendants are experienced people.

There should be more attendants engaged, and they are particularly needed with the chronic old cases, of which there are many in this institution. We would recommend that a new administration building be constructed, modern in every respect, where all the administrative activities could be handled under one roof.

There is very definitely a need for a neuropsychiatrist for out-patient examinations. This station has been particularly handicapped because of not having such psychiatrist on its staff. Temporary help from a consultant from Buffalo has been had, but he is not available most of the time. The result is a lagging of the out-patient examinations.

## CANTEEN

The canteen contract has been canceled, and new bidders have been solicited. The space allotted to the canteen in the hospital proper is very small and additional space should be assigned to it when a new contract is consummated. The canteen operated by the same concessionaire in the domiciliary area is a nice size and can serve adequately those who take advantage of its service.

## DOMICILIARY

The dormitories housing these old and feeble veterans are certainly out of date as far as accommodations are concerned. All of the older structures should be razed, and new modern-type dormitories should be erected. I noted that in some of the rooms as many as 75 men are quartered, which certainly makes for unsanitary and very uncomfortable conditions under which to live. These old veterans seem to be the forgotten men, as far as the institutional accommodations are concerned. Colonel Hadley informed us that a new building program, in line with the thoughts expressed by us has been approved, but because of the conditions which arose as a result of our entry into the war, the plans have been delayed. Immediate activity should be started for new construction. We feel very strongly that the old veterans who have a few years left to them should be made as comfortable as possible, when they require domiciliary care.

There is a hobby shop in connection with the domiciliary establishment which is located, because of lack of space elsewhere, in the basement of one of the old buildings. Lighting and ventilation are very poor and the quarters are rather damp. The space is not sufficient to accommodate all of those who would be interested in this phase of activity. We would suggest that when the new buildings are erected, a special building be erected to house all of the hobby-shop activities.

## KITCHEN

The feeding of the men in the domiciliary area is handled through a kitchen and large dining room located in one of the newer buildings in the area. We sampled one of the meals here and also made a very thorough check on the facility of the kitchen and the dining room. We heard no complaints on food from any of the inmates.

We wish to express our appreciation to Colonel Hadley and his staff for the courtesies extended us. We recognize the handicaps under which they are operating and we are hopeful that in a very short time the domiciliary buildings will be replaced with the modern type of construction so badly needed.

MICHAEL M. MARKOWITZ,  
CLARENCE R. SMITH,  
*National Field Secretaries.*

## RECOMMENDATION

1. Neuropsychiatrist be procured for the out-patient examination department.
2. The vacancy in the chief of surgery service be filled immediately.
3. That rotating-anode tube and high-speed "Bucky" be procured for the X-ray department.
4. That the razing of the old buildings and construction of new modern-type dormitories be speeded up.
5. That new administration building be erected.

BRONX HOSPITAL No. 81,

APRIL 11, 1945.

General medical and surgical hospital. Bed capacity, 1,719; additional beds, over 209; census, 1,758. Manager, Col. Robert C. Cook.

In general this is an exceptionally well administered hospital under a most efficient manager.

It has reached its capacity, and shouldn't be required to accept an increased load.

## QUESTIONS TO BE ANSWERED AS TO EACH VETERANS' HOSPITAL

(Kindly respond in same numerical order, and air mail the report to National Commander Scheiberling, Washington 6, D. C.)

Name of hospital: Hospital No. 81.

Address: Bronx, N. Y. (General Medical and Surgical, 2,084 beds).

1. Question. Are there any general or specific complaints on the medical treatment and hospital care received by the patients? If so, please describe briefly.

Answer. Few. Generally due to delay in diagnosis and institution of treatment caused by excessive load and lack of sufficient personnel.

2. Question. Has remedial action been taken by the Veterans' Administration in these cases or others which may have been previously reported?

Answer. Yes.

3. Question. What is your opinion of the relative standards of treatment in the veterans' hospitals as compared to the State, county, and municipal institutions in the same area?

Answer. I have reached the personal conclusion that in this hospital it is better than that accorded in the municipal hospitals of New York City.

4. Question. Do the manager, chief medical officer, and/or clinical director feel they have sufficient authority to run the hospital as efficiently as they might desire?

Answer. Present rules and regulations of Veterans' Administration and laws governing care of veterans do restrict their efforts.

5. Question. Do they feel that there are undue restrictions and regulations under which they must function? If so, kindly specify in what way.

Answer. Yes. Too much restriction of action by rules and regulations of central office.

6. Question. Do they feel they have sufficient authority and latitude to employ competent doctors, nurses, and attendants?

Answer. Handicapped again by regulations. Conflict with Army and Navy where rate of pay for same position is higher.

7. Question. Do they have encouragement and support in research, in participating in clinical meetings, symposiums, medical lecture courses, etc?

Answer. Yes.

8. Question. What definite complaints, if any, are there as to the quality, quantity, variety, and preparation of food in the veterans' hospitals?

Answer. None.

9. Question. Have there been or are there any specific cases of alleged abuse or neglect of patients?

Answer. No.

10. Question. Are the recreational facilities adequate?

Answer. Yes.

11. Question. Is the canteen service satisfactory, and are the prices charged veterans reasonable? If not, please describe.

Answer. Yes.

12. Question. Are the medical equipment and clinical arrangements satisfactory?

Answer. Yes.

13. Question. Are the periods of hospitalization proper? Too long? Too brief?

Answer. Average is the same as in all hospitals of this type.

14. Question. Do patients feel they are required to remain in receiving wards too long before complete examinations and treatment are started?

Answer. There are some complaints in this regard.

15. Question. How about cleanliness and neatness in the buildings and on the grounds?

Answer. Excellent.

16. Question. Is it felt that the discipline and morale of the patients are satisfactory?

Answer. Yes.

17. Question. Are the transportation facilities to and from the hospital adequate?

Answer. Yes.

18. Question. Is the contact service considered satisfactory and adequate by the American Legion?

Answer. Yes.

19. Question. How does the ratio of patients to full-time physicians and surgeons, nurses, and attendants in the veterans' hospital compare to that in State, county, and municipal institutions?

Answer. Better.

20. Question. Are the patients too crowded? Is there sufficient floor space per patient?

Answer. Yes.

21. Question. How do you find the discipline and morale of the hospital personnel? What are their complaints, if any?

Answer. Very good.

22. Question. What is your recommendation as to type and number of additional beds that may be required for the new load?

Answer. Additional hospital construction.

23. Question. What percentage of the patients are leaving the hospital against medical advice? Why?

Answer. Very few here.

24. Question. What percentage of patients without dependents leave the hospitals against medical advice due to the reduction in pension while being hospitalized?

Answer. Very few.

25. Question. Could better personal care be furnished with staff aide program of Wacs trained in hospital routine, thus relieving nurses for more important duties?

Answer. Yes.

26. Question. Are there any complaints on the part of the patients regarding the lack of information given them as to their physical condition and advice as to future treatment upon being discharged from the hospital?

Answer. No.

27. Question. What general or specific recommendations would you offer as to the medical treatment and hospital care of veterans in Veterans' Administration facilities?

Answer. ———.



NATIONAL FIELD SERVICE,  
THE AMERICAN LEGION,  
Philadelphia 6, Pa.

REPORT OF VISIT OF MICHAEL M. MARKOWITZ, PHILADELPHIA 6, PA., AND DANIEL  
O'LEARY, NEW YORK CITY, NATIONAL FIELD SECRETARIES

Agency visited: Veterans' Administration Facility, Bronx, N. Y.

Date of visit: April 2, 3, and 4, 1945.

A routine field service visit was made to the Bronx General Medical and Surgical Hospital by the national field secretaries, Michael M. Markowitz and Daniel O'Leary, on April 2, 3, and 4, 1945, and through the courtesy of Col. Robert C. Cook, manager of the facility, your representatives were permitted to visit and see the various departments of this facility.

Chief Medical Officer Lt. Col. H. C. Hardegree and the clinical director, Lt. Col. E. H. Gibbons, were most cooperative in assisting us to make the necessary coverage.

A Miss Kendrick is the chief dietitian at this institution and we found here a condition which is found in many of the veterans' hospitals, it being that the hospital was originally built to carry a small patient load and has gradually expanded to meet the greater load which it now carries. As an indication of this I might cite the following facts:

Since 1940 the patient load in this facility has increased from 700 to 1,600. Personnel increase during the same period shows that in 1940 there were 131 kitchen personnel as compared with 221 in 1944. This latter figure includes 60 military help. There has been some loss of kitchen personnel since the beginning of 1945.

We found the meals to be well prepared and those served in the dining room were served in sufficient quantity and of good quality. However, we did find that because of the Martin system of tray service the food on many of the trays reaches the patient in an unappetizing condition. At the time of our visit there were 70 electrically heated tray carts in use. There is need for more of them if this system is to be continued, but there is not sufficient floor space in the kitchen to take care of the additional serving units required. In fact, the kitchen is inadequate in size for the load that it is required to carry; 5,000 meals per day are being prepared in this kitchen, which was originally built to take care of a load of less than one-half that it is burdened with at this time.

The ward kitchen system should replace the system that is now being used, which is commonly known in our circles as the Martin system. The food could be prepared in the central kitchen, as it now is, taken to the various floors on which it is to be served to the nonambulatory patients in ample time to be reheated, if necessary, on steam tables and then served on trays to the patients. I am sure that this manner of serving, which has been used in the past, would make considerable difference in the morale of the men, who were very much dissatisfied when food is placed before them which is not palatable or appetizing.

Of course, it may be a more expensive way to handle the situation, but we are interested in giving the patients in these hospitals the best they can possibly get and the cost should be of secondary consideration, particularly when there is so much dissatisfaction expressed.

We also find here, as elsewhere, and as we have often expressed ourselves, that the wage rate being paid to all of the personnel connected with the Veterans' Administration hospitals is entirely out of line with the present cost of living and this low wage scale does not attract the kind of people who would give the service so necessary and essential in this type of institution. This state of affairs is particularly true in the lower grades, the mess attendants and hospital attendants.

ORTHOPEDIC SHOP

We were very much interested in the orthopedic shop at this institution. It is really something of which we can be proud. It is well equipped and certainly is producing very fine results in being able to turn out the artificial appliances needed by those who have suffered amputation of either upper or lower extremities. We would suggest an enlargement of the facilities of the orthopedic shop in order to meet the greater demands that are being made on it. Here again we find that trained personnel or men with experience in the building of prosthetic appliances are scarce and very hard to get.

My attention was called to the fact that one of the best technicians in this shop has been offered a position with the Army Orthopedic Division at a salary

approximately \$1,500 per year higher than he is receiving here. We must be interested in this phase of the problem which will confront all of us following the end of the war. The Veterans' Administration must come up to the standard of salaries in every field; in fact, the most competent in that particular field should be gotten to work in these facilities.

The physical and occupational therapy in this institution is coordinated under the supervision of Major Kessler and this is really a step in the right direction. The set-up here, as far as physical therapy is concerned, is very fine, and the occupational division is being expanded to meet the need of the times. There is much to be done in this field; however, not only in this institution but at all of them that I have had the privilege of visiting.

The X-ray department and the radium therapy is under the supervision of Captain Rossit and we find in the X-ray therapy department the most modern and up-to-date equipment. About 1,200 treatments are given per month, but here we find a need for technicians. The rules call for a technician for each machine; there are six of them in use daily and there are only two technicians on duty. Here again the pay rate is involved. There is also need here for the latest model of a 200-kilovolt X-ray machine for deep therapy. The regular X-ray department is entirely inadequate and should be remodeled. Additional space is badly needed and new equipment is also required here. At the time of our visit the load ran about 7,600 films per month; about 1,500 P-10 examination films are made per month. The load on the X-ray department is terrific and, because of the tremendous number of out-patient examinations required here, they are absolutely unable to keep anywhere near current. This situation may be relieved somewhat with the removal of the out-patient department to the regional office down town. They are moving rather slowly with this project; in fact too slowly to suit everyone involved. Central office should be prodded to speed up the conversion. There are not enough clerks assigned to this department and the technician spends entirely too much time with paper work and the keeping of records slowing up the regular flow of the job he is responsible of handling.

A very good idea was suggested here, and it would not be an expensive proposition. I recommend that it be tried out at this hospital and if found to be as worthwhile as we think, instituted in all of the facilities of the Veterans' Administration. A photographic department should be established and developed, as is customary in all first-class hospitals, thus recorded on film is the progress of a man's condition. New medical personnel would derive benefit from these films from an educational standpoint and the films might also be of great value for rating purposes.

We may not need this department in an NP hospital but I believe it would be of invaluable service in general medical and tubercular institutions, for teaching and the preservation of records.

The nursing situation is not alarming here. However, there are certain periods when an insufficient number of nurses is available. Of course we can appreciate the fact that we are working under a terrific handicap in being able to procure qualified people. There are 44 cadet nurses in this facility and that is helping the situation tremendously.

#### PHARMACY

The pharmacy is, in my opinion, one of the outstanding storehouses of its kind in any facility, at least that I have visited. The drug supply is excellent in both quality and quantity.

We found at the time of our visit about 60 patients with spinal cord injuries and of course special treatment and therapy is provided for these men. A long period of hospitalization is anticipated for them.

We encountered the fact that some equipment, particularly necessary for these patients, is impossible to get or is procurable only after long period of delay. Citing as an example, I was informed by the supply officer that he has found it almost impossible to buy any rubber ureters, despite the fact that the Veterans' Administration is second only to the Army and Navy, as far as priority rating is concerned. There is definitely a bottleneck somewhere which prevents the Veterans' Administration from getting many essential items.

The general morale of the patients whom we had the opportunity to talk to is fine, as is that of the personnel of the hospital. All seem to be anxious to do a job, despite the handicaps that are prevalent here as elsewhere; I refer to the handicap of insufficient personnel and the inability of the management to procure the type of help necessary to function more smoothly.



I wish to express my sincere appreciation to Colonel Cook for the courtesies extended to us during our visit. He has impressed us with his keen desire to make this facility one of the outstanding hospitals not only in the Veterans' Administration but comparable to any hospital of its kind in the Nation.

MICHAEL M. MARKOWITZ,  
DANIEL O'LEARY,  
*National Field Secretaries.*

#### RECOMMENDATIONS

1. A photographic department should be established here for the purpose of recording on films the progress of patients' conditions and use of films in education or training of new medical personnel.
2. That a new 200-kilovolt X-ray machine be purchased for use in deep therapy.
3. That the Martin system of tray food service be eliminated and the ward kitchen system be instituted.

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#### CANANDAIGUA FACILITY, CANANDAIGUA, N. Y.

Neuropsychiatric hospital. Col. Hans Hansen, manager. Capacity, 1,400; census, 1,405.

It is always a pleasure to visit this hospital, not only because of its beautiful location, surrounding, and upkeep, but especially because of the efficient management, humane treatment of its patients, and general high morale of patients, staff, and attendant personnel. Here, in spite of the difficulty of having about 175 attendants, Army enlisted men, who are not qualified or interested in their assignments, the discipline is good, and with the cooperation of trained civilian attendants they are doing a good job. The medical staff has two temporary vacancies; nursing staff 10 vacancies which may soon be rectified by its affiliation of more cadet nurses.

Staff and clinical conferences are held regularly. Routine weekly and monthly reports of ward doctors are required by the clinical director and manager. Reciting in detail all activities and treatments and conditions of patients under their care.

Recreational and religious activities are well regulated and varied.

Occupational therapy indoors and outdoors on farm, in gardens, and piggery is excellent. No complaints of mistreatment or abuse of patients has come from this hospital.

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NATIONAL FIELD SERVICE,  
THE AMERICAN LEGION,  
*Philadelphia 6, Pa.*

#### REPORT OF VISIT OF MICHAEL M. MARKOWITZ, PHILADELPHIA 6, PA., AND CLARENCE R. SMITH, BATAVIA, N. Y., NATIONAL FIELD SECRETARIES

Agency visited: Veterans' Administration Facility, Canandaigua, N. Y.

Dates of visit: May 5, 6, 7, 8, 1945.

A routine field service visit was made at this national field facility. We were rather fortunate, in arriving on Saturday morning, to have Dr. Hansen, the manager, invite us to accompany him on his weekly inspection tour. This afforded us an opportunity to visit all of the wards and see all of the patients on our tour. We were particularly interested in our visit to the acute wards to note that the number of men restrained here is only four.

On May 6 we had the privilege of observing the application of electric-shock treatment here and also the hydrotherapy treatment as administered in this institution. It was very interesting to note that the patients seemed to take the treatment without any hesitation and had no bad after effects when they regained consciousness after a short period of rest following the treatment.

#### X-RAY DEPARTMENT

We found in the X-ray department that a modern X-ray table is needed. The one presently used is of the vintage of 1917 and should be replaced with an up-to-date table. This is not a shock-proof table they have at the present time and it is certainly not the type of equipment that should be in an institution of this kind.

A bedside unit X-ray machine is also needed here. The one in use is out of date.



## DENTAL

The dental quarters are entirely inadequate as to space, but additional space is being prepared and the addition of three chairs is contemplated.

## KITCHEN

The kitchen facilities in this institution are ample at the present time, but with the opening of the new buildings which will be completed soon there is some doubt as to whether the size of the kitchen may not suffer in comparison with the load it will be called upon to carry. This seems to be the general condition existing in all of the facilities, of enlarging the hospital capacity and not enlarging the kitchen facility to meet the new requirements. The food served under the supervision of M. L. Aherne, chief dietitian, is fine and served in sufficient quantity.

We found that the egg situation is bad. The scarcity of this item of food has been noticeable in the past few weeks. It seems that the farmers, who have been the only source of fresh eggs, are killing the hens because of the attractive prices in the poultry field.

The dining room can feed 750 at a sitting and it is large enough for the present capacity of the hospital. When the new buildings are completed two sittings will be required in the dining room. For nonambulatory patients the diet kitchens are used, and there are eight of those open now, with another to be opened soon.

A new chef is needed, the man formerly performing that duty having resigned March 1. A replacement is urgently needed.

## NURSING

Forty-five nurses are needed here to have the division sufficiently staffed; 112 military personnel are being used as attendants. There is a very unfavorable attitude toward this type of help at this station. Dr. Hansen has expressed himself as being entirely dissatisfied with the kind of men the Army has assigned for duty at the facility.

There is also the problem of clothing, particularly the inability to procure trousers and underwear for the patients. We were unable to learn just what the difficulty in obtaining these things has been, except that they are just not able to buy what is required. With the priority rating under which the Veterans' Administration facilities are operating, this matter should be straightened out promptly.

## OCCUPATIONAL THERAPY

The occupational therapy activities here are mainly that of work on the farm and on the grounds. About 75 percent of the patients are engaged in various types of activity in this field in addition to those who are engaged in the work in the occupational therapy shop. Trained occupational therapy aides are needed.

This facility is located in one of the most beautiful settings that we have had the pleasure of visiting. The landscaping, shrubbery, and gardens are just beyond our ability to describe, and through the efforts of the manager and the cooperation of the patients in occupational therapy, the grounds and buildings are beautifully kept. Practically all the acreage, with the exception of the gardens, is being made use of, and fine crops of all kinds are harvested here each year. Some of the beef used is raised on the premises, as well as a large quantity of pork.

We appreciate the courtesies extended to us by Dr. Hansen and his staff during our visit.

MICHAEL M. MARKOWITZ,  
CLARENCE R. SMITH,  
*National Field Secretaries.*

## RECOMMENDATIONS

1. A modern X-ray table be purchased.
2. A bed-side X-ray machine be purchased.
3. Services of a chef be procured.

CASTLE POINT FACILITY,  
*Castle Point, N. Y., April 26, 1945.*

Tubercular hospital. Manager, Col. Carleton Bates. Capacity, 625; census, 590.

My experience over a great many years has taught me that more complaints come out of tubercular hospitals than those of any other type. This is easily understandable and explained. Patients spend much longer periods in these hospitals and have more time to think of their own trouble and more time to make trouble for others. However, there seems to be a general dissatisfaction in the manner of serving food at Castle Point. The quantity and quality is good, but the system of serving is not adequate and food does reach the bed patients cold and unappetizing. The management is aware of this, and assures me that this system will be changed. New and up-to-date kitchen equipment has been requisitioned and will be installed. The infirmary kitchens will be reinstalled and food served direct to infirmary patients from this and not from the main kitchen as is now the practice. Medical care here is very good in spite of one or two complaints, which on investigation are of a personal nature and have been drawn to the attention of Dr. Bates, who will see that they are corrected. On the whole, the hospital is well administered and conditions are satisfactory.

VETERANS' ADMINISTRATION,  
*Philadelphia 6, Pa.*

REPORT OF VISIT OF MICHAEL M. MARKOWITZ, PHILADELPHIA, PA., AND DANIEL O'LEARY, NEW YORK; N. Y., NATIONAL FIELD SECRETARIES

Agency visited: Veterans' Administration Facility, Castle Point, N. Y.

Dates of visit: April 9, 10, 11, 1945.

Routine visit was made to the TB facility, Castle Point, N. Y., on April 9, 10, 11, 1945. This facility is located about 3 miles from the town of Beacon, N. Y., and transportation facilities are furnished to the hospital by bus and taxi at regular intervals during the day up to about 10 p. m. Col. Carleton Bates is manager of the facility. Much has been written about conditions at this hospital and our tour consisted of visiting the various departments and talking to many of the patients who are located here. It was interesting to note that World War II patients outnumbered World War I patients, the ratio being 344 World War II, including 7 female patients, as against 227 World War I veterans. There is still some complaint about the food situation here and the matter was fully discussed by your representatives and manager, as well as Dr. J. E. Keirans, chief clinical director and the chief dietitian, Miss Lanier, with the result that some of the complaints will probably be eliminated; namely, the lightness of the evening meal. It was decided to have cold sandwiches with milk in the evening to those patients who want it. The "Martin system" of tray carts is used here and is proving to be very unsuccessful. The hot food reaches the patients cold and the food which is supposed to be cool or cold arrives at its destination at least lukewarm, if not in worse condition. The butter is usually melted by the time the patients get it and, of course, this is very unsatisfactory. We urge very strongly that the diet kitchen be restored, particularly in this facility. While food may not be medication, it is almost that in this type of hospital and the morale of the patients can certainly be raised if food reaches them in proper condition, palatable and tasty. We found, for instance, that 26 carts would be required if all of the wards were to be served on 1 trip. Only 18 food carts are on hand and 8 of the carts must be returned for a second trip. These carts are cool and cannot be reheated in the time required to make a second trip, and as a result the patients receiving food from these last-noted carts are certainly dissatisfied. We learned also that if there were sufficient carts, 26 in number, there are not a sufficient number of outlets to connect them all at one time for heating purposes, and if there were additional outlets, the load would be too heavy for the present electrical units to carry. A new electrical line would have to be built and new transformers would have to be installed in order to carry the load. It is admitted by the patients that there has been considerable improvement in the diet since changes have been made. However, conditions are far from satisfactory. The women patients are housed in a section of the third floor where they have very fine and comfortable quarters. They expressed themselves as being very satisfied with their treatment and surroundings. There is need for an additional staff dietitian.

The nursing situation is particularly critical there, there being 11 vacancies at the time of our visit. The staff of nurses, although depleted, is doing a fine job and is to be complimented on the manner in which it is handling the situation. The younger male patients, those of World War II, have expressed a desire that they would like to have nurses of their own age group to care for them. We can very readily see that this is a good suggestion, and we pass it along to those in authority to follow up. Miss Quinlan, chief nurse, agreed with us on this thought.

The canteen is now operated under new management. Mr. George Alley is the concessionaire, and the change has certainly made a definite difference in the activities of the canteen. It is well stocked and kept scrupulously clean. Arrangements have been made to cash the checks of the patients at very reasonable cost, and there are no complaints on that score now.

The OT shop is housed in quarters entirely inadequate in size and very poorly equipped with both material and equipment. There is not a variety in the type of instruction so as to attract and keep the younger men satisfied. The entire OT set-up of the hospital should be studied and expanded in line with the requirements of the patients involved. We found the quarters of the out-patient examiners very small in size and the personnel in insufficient numbers to make sufficient and proper types of examinations. The doctors are required to spend entirely too much time in writing up their reports, because there are not enough clerical workers assigned to help them. Either dictaphone machines or additional stenographers should be given these men to relieve them of the large amount of clerical work which they are now, most of them, handling.

There are 75 military personnel, as well as 2 officers, authorized for this station, and there is a very fine spirit of cooperation between the military and the civilian employees. There is a definite arrangement as to authority and the giving of orders, which makes for understanding of each one's job.

We wish to express our appreciation to Colonel Bates and his staff for the courtesies extended to us during our visit. We are hopeful that with the improvements contemplated, the hospital will continue to function more decidedly in making the patients as comfortable and as satisfied as is possible.

Respectfully submitted.

MICHAEL M. MARKOWITZ,  
DANIEL O'LEARY,  
*National Field Secretaries.*

#### RECOMMENDATIONS

- (1) Kitchen facilities should be enlarged and new equipment is needed to replace old, worn-out machinery.
- (2) Feeding system be revised and diet kitchens be restored in all wards.
- (3) A new building erected to house OT shop activities to be centrally located so that patients from either wings of the hospital can reach it without too much difficulty.
- (4) Every effort be made to bring the nursing staff to at least the authorized strength.

#### QUESTIONS TO BE ANSWERED AS TO EACH VETERANS' HOSPITAL

(Kindly respond in same numerical order, and air mail the report to National Commander Scheiberling, Washington 6, D. C.)

Name of hospital: Castle Point facility (tuberculosis, 625 beds).  
Address: Castle Point, N. Y.

1. Question. Are there any general or specific complaints on the medical treatment and hospital care received by the patients? If so, please describe briefly.  
Answer. Yes. Covered in general report.

2. Question. Has remedial action been taken by the Veterans' Administration in these cases or others which may have been previously reported?  
Answer. Yes.

3. Question. What is your opinion of the relative standards of treatment in the veterans' hospitals as compared to the State, county, and municipal institutions in the same area?

Answer. Up to standard.



4. Question. Do the manager, chief medical officer, and/or clinical director feel they have sufficient authority to run the hospital as efficiently as they might desire?

Answer. Yes.

5. Question. Do they feel that there are undue restrictions and regulations under which they must function? If so, kindly specify in what way.

Answer. No.

6. Question. Do they feel they have sufficient authority and latitude to employ competent doctors, nurses, and attendants?

Answer. Difficult to get trained attendants.

7. Question. Do they have encouragement and support in research, in participating in clinical meetings, symposiums, medical lecture courses, etc.?

Answer. Yes. Regular weekly staff conferences and clinical pathological meetings, etc.

8. Question. What definite complaints, if any, are there as to the quality, quantity, variety, and preparation of food in the veterans' hospitals?

Answer. As specified in general report.

9. Question. Have there been or are there any specific cases of alleged abuse or neglect of patients?

Answer. No.

10. Question. Are the recreational facilities adequate?

Answer. New recreational hall very much needed.

11. Question. Is the canteen service satisfactory, and are the prices charged veterans reasonable? If not, please describe.

Answer. Yes.

12. Question. Are the medical equipment and clinical arrangements satisfactory?

Answer. Yes.

13. Question. Are the periods of hospitalization proper? Too long? Too brief?

Answer. Well regulated.

14. Question. Do patients feel they are required to remain in receiving wards too long before complete examinations and treatment are started?

Answer. No.

15. Question. How about cleanliness and neatness in the buildings and on the grounds?

Answer. Excellent.

16. Question. Is it felt that the discipline and morale of the patients are satisfactory?

Answer. With very few exceptions.

17. Question. Are the transportation facilities to and from the hospital adequate?

Answer. Yes.

18. Question. Is the contact service considered satisfactory and adequate by the American Legion?

Answer. Yes.

19. Question. How does the ratio of patients to full-time physicians and surgeons, nurses, and attendants in the veterans' hospital compare to that in State, county, and municipal institutions?

Answer. Physicians. Yes. Nurses attendants inadequate.

20. Question. (a) Are the patients too crowded? (b) Is there sufficient floor space per patient?

Answer. (a) No. (b) Yes.

21. Question. How do you find the discipline and morale of the hospital personnel? What are their complaints, if any?

Answer. Very good.

22. Question. What is your recommendation as to type and number of additional beds that may be required for the new load?

Answer. Plans for 400 bed new construction now under way.

23. Question. What percentage of the patients are leaving the hospital against medical advice? Why?

Answer. Not known.

24. Question. What percentage of patients without dependents leave the hospitals against medical advice due to the reduction in pension while being hospitalized?

Answer. Not known.

25. Question. Could better personal care be furnished with staff aide program of Wacs trained in hospital routine, thus relieving nurses for more important duties?

Answer. Yes. Would need additional accommodations.

26. Question. Are there any complaints on the part of the patients regarding the lack of information given them as to their physical condition and advice as to future treatment upon being discharged from the hospital?

Answer. Occasional.

27. Question. What general or specific recommendations would you offer as to the medical treatment and hospital care of veterans in Veterans' Administration facilities?

Answer. ———

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NORTHPORT FACILITY, NORTHPORT, LONG ISLAND, N. Y., APRIL 23, 1945.

Neuropsychiatric facility. Capacity, 2,312; emergency capacity, 2,805; census 2,774.

Emergency capacity reached by conversion of some day rooms and one ward dining room and closed in porches, with extra beds in some wards. This has led to a bad condition, but is the best possible in this emergency. There is little room for new construction at this facility, and it certainly cannot take care of any increased load.

Col. Louis P. Verdal is entirely aware of conditions, is an efficient and capable manager, with long experience in psychiatry.

This hospital is overcrowded and understaffed, but through no fault or lack of effort on the part of its manager.

The main difficulty in this hospital is the same as in all similar institutions. Lack of sufficient and adequately trained attendants. The type of enlisted personnel assigned by the Army (in this case, Negroes) is generally poor, uncooperative, and indifferent.

VETERANS' ADMINISTRATION,  
Philadelphia 6, Pa.

REPORT OF VISIT OF MICHAEL M. MARKOWITZ, PHILADELPHIA, PA., AND DANIEL O'LEARY, NEW YORK, N. Y., NATIONAL FIELD SECRETARIES

Agency visited: Veterans' Administration facility, Northport, Long Island, N. Y.

Dates of visit: April 5, 6, 7, 1945.

This is an NP facility located on Long Island, about 50 miles from New York City. Col. L. F. Verdel, Medical Corps, is manager. It is one of the large NP hospitals in this area and on the date of our visit had a patient load of 2,769. It is one of the hospitals about which a great deal has been written by Mr. Masel in his articles on veterans' facilities, published by Cosmopolitan magazine. Every courtesy was extended to us by Colonel Verdel to visit any and all parts of the establishment here. We were assisted in our tour of observation by Lt. Col. H. S. Foster, clinical director of this facility. We were particularly interested in visiting the "acute wards" and talked with many of the patients in the "acute service." We found the wards much different than had been pictured in the magazine articles, only six patients in restraint at the time of our visit. The men who were in that condition were the homicidal and suicidal types. We questioned the attendants about the treatment of patients, of experiences they had, and found, for the most part, men with considerable experience in handling of various types of mentally ill patients. There has been assigned to this station some military personnel, colored, as you will note by the statistical report, and they are functioning nicely. There is a division of authority, which is understood by the civilian help, as well as the military assignees. We ran into no complaint of any abuse on the part of any of the patients. We did learn from Colonel Foster that there is need for at least six additional men in the medical service. This ought to be given immediate consideration.

We were permitted, at my request, to observe the application of the electric-shock treatment, which is in charge of Captain Gordon, who has been assigned to this station by the War Department. In talking with Dr. Gordon, we in-

quired as to his background of experience prior to his being associated with the Veterans' Administration and learned that he has served as psychiatrist at the Bellevue Hospital, New York City; Pilgrim General State Hospital for Mentally Ill; and Kingsport, Brooklyn, N. Y. In each of these places he has administered electric-shock treatment, indicating a background of experience. Upon making inquiry, we learned that Captain Gordon had been at Northport less than a year and he has not determined whether he would remain with the Veterans' Administration following his discharge from the Army service. I learned from him that the treatment, at least in his opinion, of patients at Northport is far superior to the treatment generally given in many of the institutions he had been connected with in civilian life. He expressed himself in this manner, "We are ultra conservative and overly cautious, particularly in the electric-shock therapy. Every man who receives electric-shock treatment first is given a case X-ray study of the spine, cardiogram study is made of each man who receives this treatment, and an electric encephalogram is made of each patient in order to be assured that no danger will result to the patient as a result of the shock treatment." He stated none of these tests are done in any of the institutions that he mentioned having been connected with. He also expressed his opinion that the food given the patients here is of a higher grade and superior quality than that served in the other institutions with which he was connected. He had some criticisms, among them, the medical library is not up-to-date, most of the books being very much obsolete. They ought to have a more modern, up-to-date medical library. There is entirely too much paper work in connection with the handling of all of the treatments. The medical and scientific work should receive a greater amount of encouragement than they have been receiving, this despite the fact that there is research work in operation at this institution. This research work is being handled by Lieutenant Colonel Huddleson and Major Turner. They are short two chemists in this department and one additional physician is badly needed. This physician should be a neurophysiologist with a good neurological background, rather than a psychiatric background. The opinion was also expressed that insulin shock, which has been discontinued as a form of treatment, should be put into effect again. We would recommend that the rabbit house, which houses the animals used in experiments in the research laboratory, ought to be moved nearer to the laboratory proper, in order to have better control over the experiments performed.

The physical therapy department is well equipped and replacements are on the way for broken-down equipment. There is ample space, but here we find again a lack of the proper type of technicians. We might advance the thought that probably one or two of the higher types of attendants could be trained as physiotherapists. The physiotherapy and occupational therapy are in charge of Colonel Williams. He advances the thought, which I believe has a great deal of common sense and value; that is, the idea of developing a reconditioning program following the hospitalization of patients in mental institution, this program to be patterned to some extent on the one used by the Army in preparing men with other types of disabilities before returning them to civilian life. Rehabilitation terms, composed of physical, medical, educational, vocational guidance, social workers, and psychiatrists ought to be trained who could make certain, in camp or in an institution which is removed from the mental hospital proper, that the patient is capable and fit to meet his responsibilities upon his return to his former life. I believe that this thought ought to be encouraged and possibly developed to the extent that the stigma of having come out of a mental institution would be removed from the man during the course of his convalescence after a year in an institution such as we have noted above. We wish to particularly compliment Northport for the fine occupational therapy shop that is set up here. We believe special buildings of this type should be built in every institution which has an occupational therapy program. A building properly lighted, properly ventilated, with plenty of space, is certainly conducive to produce better results than are generally obtained from the cramped quarters in basement rooms which are so often used for these purposes in other facilities. We recommend that the continuous flow tubs used in physiotherapy department, which have been here since the hospital was built, should be replaced by new ones and additional tubs should be procured to care for future need. The present swimming pool is entirely too small and inadequate for an institution of this size. The present pool is 15 by 50 in size. The therapy that a pool furnishes is very important, and with the building of a new pool, thought ought to be given also to the construction of a gymnasium. It might be



interesting to note the break-down in occupational therapy activities as a result of having the right type of building to have a varied program. In the—

	Men		Men
Brush and broom division-----	3	Dining room and kitchen-----	225
Metal shop-----	20	Off-ward service-----	689
Wood working-----	25	Clothing room-----	31
Printing-----	8	Utility-----	46
Weaving and upholstering shop--	3	Music-----	12
Shoe shop-----	5	Library-----	8
Tailor shop-----	19	Barber-----	1
Textile crafts-----	79	Clerical-----	20
Paint shop-----	6	Messengers-----	15
Habit training-----	145	Mimeograph operator-----	1
Landscape and grounds-----	172	Total number of patients getting	
Farm and garden-----	31	occupational therapy-----	1,700
Laundry-----	89		

It might be interesting to note that 5,000 pair of pajamas are made annually by patients here.

Mrs. Griffith is the chief dietitian at this station, and we find the kitchen conditions, as in many other institutions because of their size, are entirely inadequate to handle the load, and we find further that there is a definite shortage of help, particularly cooks; kitchen help in the lower brackets is badly needed, and despite the fact that we have military personnel used it is not adequate to meet the need. Nine thousand and six hundred meals are served each day and consist of breakfast, dinner, and supper. In the main dining room two feedings are necessary at each mealtime; 1,600 are fed at each sitting. This is handled very expeditiously and the men are served from hot food carts right at the tables. Some new equipment is needed in the kitchen, consisting of slicing machine, the present one being too small and obsolete, also a new meat grinder and new band saw are needed in the butcher shop; new floors are badly needed in both the kitchen and bakery. In the bakery, which bakes 1,800 pounds of bread per day in addition to the pastries, the equipment, including the ovens is in very bad shape and it is our opinion that new equipment for that should be installed, including a new ice cream machine. Dishwashing machines are in bad shape and replacements of these are also in order, the breakage has been rather high. Additionally, there are new bread slicing and wrapping machines needed in the bakery. The meals are tasty and in ample amounts from our point of view. We heard no complaint about either the service or the quality of the food. The grounds are kept very well: the buildings, with the exception of the walls of the kitchen and dining room, are in good shape. The walls in these rooms need a very thorough remodeling. We were very much impressed with the manner in which we were received by the officials and personnel and we appreciate very much the courtesy extended to us by Colonel Verdel and the staff during our stay.

Respectfully submitted.

MICHAEL M. MARKOWITZ,  
National Field Secretary.

#### RECOMMENDATIONS

- (1) The rabbit house moved nearer to the laboratory.
- (2) The appointment of a neurophysiologist.
- (3) The training of proper type of attendants to become physiotherapy technicians.
- (4) The creation of a gymnasium and an adequately large swimming pool.

#### QUESTIONS TO BE ANSWERED AS TO EACH VETERANS' HOSPITAL

(Kindly respond in same numerical order, and air mail the report to National Commander Scheiberling, Washington 6, D. C.)

Name of hospital: Northport Facility (neuropsychiatric, 2,806 beds).  
Address: Northport, Long Island, N. Y.

1. Question. Are there any general or specific complaints on the medical treatment and hospital care received by the patients? If so, please describe briefly.

Answer. Not enough electric-shock treatment—lack of trained personnel—should be increased about 85.

No ——— therapy clinic, because there is no doctor available.

2. Question. Has remedial action been taken by the Veterans' Administration in these cases or others which may have been previously reported?

Answer. Yes.

3. Question. What is your opinion of the relative standards of treatment in the veterans' hospitals as compared to the State, county, and municipal institutions in the same area?

Answer. Better.

4. Question. Do the manager, chief medical officer, and/or clinical director feel they have sufficient authority to run the hospital as efficiently as they might desire?

Answer. Would help by less central control.

5. Question. Do they feel that there are undue restrictions and regulations under which they must function? If so, kindly specify in what way.

Answer. Yes.

6. Question. Do they feel they have sufficient authority and latitude to employ competent doctors, nurses, and attendants?

Answer. Doctors and nurses, no. Attendants, yes; but they are not available.

7. Question. Do they have encouragement and support in research, in participating in clinical meetings, symposiums, medical lecture courses, etc.?

Answer. Yes. Three staff meetings (diagnostic) per week. Administrative staff once per week. A research unit for the entire NP service is located here.

8. Question. What definite complaints, if any, are there as to the quality, quantity, variety, and preparation of food in the veterans' hospitals?

Answer. None.

9. Question. Have there been or are there any specific cases of alleged abuse or neglect of patients?

Answer. Yes. Have been recognized and handled efficiently by manager.

10. Question. Are the recreational facilities adequate?

Answer. Recreation hall is small. Should have seating for 1,200. Only one recreational aide on duty.

11. Question. Is the canteen service satisfactory, and are the prices charged veterans reasonable? If not, please describe.

Answer. Small, but administration is good.

12. Question. Are the medical equipment and clinical arrangements satisfactory?

Answer. Yes.

13. Question. Are the periods of hospitalization proper? Too long? Too brief?

Answer. An increase in trained personnel would shorten length of treatment in many cases.

14. Question. Do patients feel they are required to remain in receiving wards too long before complete examinations and treatment are started?

Answer. Same applies here.

15. Question. How about cleanliness and neatness in the buildings and on the grounds?

Answer. Excellent.

16. Question. Is it felt that the discipline and morale of the patients are satisfactory?

Answer. Yes.

17. Question. Are the transportation facilities to and from the hospital adequate?

Answer. Yes.

18. Question. Is the contact service considered satisfactory and adequate by the American Legion?

Answer. Yes.

19. Question. How does the ratio of patients to full-time physicians and surgeons, nurses, and attendants in the veterans' hospital compare to that in State, county, and municipal institutions?

Answer. Not at present time.

20. Question. (a) Are the patients too crowded? (b) Is there sufficient floor space per patient?

Answer. (a) Yes. (b) No.

21. Question. How do you find the discipline and morale of the hospital personnel? What are their complaints, if any?

Answer. Fair. Army enlisted personnel dissatisfied.

22. Question. What is your recommendation as to type and number of additional beds that may be required for the new load?

Answer. New construction.

23. Question. What percentage of the patients are leaving the hospital against medical advice? Why?

Answer. The usual. Concern of relatives, both as to financial considerations and difficulty in visiting.

24. Question. What percentage of patients without dependents leave the hospitals against medical advice due to the reduction in pension while being hospitalized?

Answer. None.

25. Question. Could better personal care be furnished with staff aide program of WACs trained in hospital routine, thus relieving nurses for more important duties?

Answer. Yes.

26. Question. Are there any complaints on the part of the patients regarding the lack of information given them as to their physical condition and advice as to future treatment upon being discharged from the hospital?

Answer. No.

27. Question. What general or specific recommendations would you offer as to the medical treatment and hospital care of veterans in Veterans' Administration facilities?

Answer. ———.

#### SARATOGA FACILITY, SARATOGA SPRINGS, N. Y.

*April 27, 1945.*

General medical hospital. Maj. John S. Walsh, manager. Capacity 47; census 47.

This seems to be the ideal hospital. The only criticism is that there is not enough of it. Small hospital treating mostly cardiac and arthritic cases, referred for special hydrotherapy. Results are very satisfactory and the general impression gained here is one of well being and satisfaction.

Recommendations are that the facility be enlarged. That suitable living quarters for the medical and nursing staff be provided on the station—at present all live in the city of Saratoga, two to three miles from the hospital. That a social service be instituted and include recreation be provided. At present, patients are allowed on pass to attend movies, etc., in Saratoga. The medical and nursing staff is adequate and complete.

VETERANS' ADMINISTRATION,  
Philadelphia 6, Pa.

#### REPORT OF VISIT OF MICHAEL M. MARKOWITZ, PHILADELPHIA, PA., AND DANIEL O'LEARY, NEW YORK, N. Y., NATIONAL FIELD SECRETARIES

Agency visited: Veterans' Administration Facility, Saratoga Springs, N. Y.

Dates of visit: April 17, 18, 1945.

This is a general medical facility with Maj. John S. Walsh as manager and clinical director. It is a small facility, having a patient load on date of our visit of 46. It is adequately staffed and located in one of the very fine health resorts of the country. This was originally set up on February 1, 1943, as a special treatment unit to avail itself of special therapy to be made available to patients from the States of New York, New Jersey, Pennsylvania, Massachusetts, and Connecticut as an annex to the Bronx facility. On December 1, 1944, this area was enlarged to embrace the States of Maine, New Hampshire, Vermont, Rhode Island, Delaware, and Maryland. On February 1, 1945, it was established as a separate facility carrying on the same kind of work by authority of the central office of the Veterans' Administration. Patients with orthopedic and cardiac conditions, particularly those suffering from arthritis and neuritis, are the types of patients referred to this facility. The hospital building was originally built by the State of New York and it is one of the most modernly constructed buildings that can be found anywhere. It is very attractive in appearance and its physical make-up is the last word in hospital construction. There are adequate facilities of all types in physio and hydrotherapy fields for its present load. The results attained



are most encouraging. The mineral baths, of course, have a therapeutic value which is well known in medical circles. We understand that plans are being made for considerable expansion, for, as far as facilities are concerned, this one has a much larger potential patient load. We thoroughly agreed, having seen a sample of some of the results and having talked to the patients who have been benefited by treatment received here, that the expansion is necessary and not much time should be lost in putting the plans into effect.

We wish to compliment Major Walsh on the very fine manner in which he operates this institution and express to him our appreciation for the courtesy shown us during our visit.

Respectfully submitted.

MICHAEL M. MARKOWITZ,  
DANIEL O'LEARY,  
*National Field Secretaries.*

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SUNMOUNT FACILITY, SUNMOUNT, N. Y., APRIL 28, 1945.

Tubercular hospital. Col. H. R. Lipscomb, manager. Capacity, 583; census, 560.

At present time this hospital is functioning at a very high rate of efficiency, and I am satisfied that under this management of Colonel Lipscomb and his staff, it has reached a plane for service never before attained. The enclosures contained herein are self-explanatory and need no elaboration.

Drs. Charles and Pureton and McCluse Scott, because of age, and medical infirmities, are of little use to the hospital and should be retired.

VETERANS' ADMINISTRATION,  
*Philadelphia 6, Pa.*

REPORT OF VISIT OF MICHAEL M. MARKOWITZ, PHILADELPHIA, PA., AND DANIEL O'LEARY, NEW YORK, N. Y., NATIONAL FIELD SECRETARIES

Agency visited: Veterans' Administration facility, Sunmount, N. Y.

Dates of visit: April 19, 20, 21, 1945.

The Sunmount tubercular facility is located about 1 mile from Tupper Lake, N. Y., and bus service is available every hour daily from 8 a. m. to 10 p. m., none on Sunday. There is a limited taxi service available. Col. K. R. Lipscomb, manager of this institution, was very cordial in his reception of our visit and we were permitted to go about the facility on our own. We were particularly impressed with the manner in which the medical staff handles the education of the patients with reference to the patients' conditions. Three times per week, the board meets, and after thoroughly discussing individual cases which are to be handled on that day and the treatment to be prescribed, the patient is brought in, X-ray films taken, the progress of the man's condition displayed and explained to him. The patient is also given a prognosis on his case with detailed explanation as to the type of treatment to be followed. He is then permitted to ask questions about his condition and discuss with the medical staff any questions involving the treatment. World War I patients are brought in on 2 or 3 days to the board meetings and World War II men are called in on the other days.

The nursing staff here is badly depleted; an additional 25 are desperately needed in order that an adequate nursing staff may be established. It is advocated that these nurses be of the younger age group because of the large number of World War II cases; three additional medical men are also needed to fill the gaps of the medical staff. The dental clinic is being expanded; better and larger facilities are being made available for it.

In the X-ray department, a new fluoroscope unit is absolutely needed as the present one is almost unsafe for use, and a rotating anode tube is required. A modern X-ray machine should be installed with a planograph, as X-ray determinations are one of the most important means of making diagnoses. The present equipment is old, some of it dating back to 1920.

The operating suite is one of the finest we have seen in many of the facilities which we have visited. It is new and modern in every respect.

The physiotherapy equipment is in good shape, excepting that additional space is required since the present quarters are too cramped. Additional technicians are also needed here. Three technicians are also badly needed in the laboratory and every effort should be made to build up this department. The food we found to be very tasty and served in sufficient quantity. There are diet kitchens

on nine wards and possibly this is the answer to the reason why we found no complaints on food. The entire kitchen should be revamped as most of the equipment is old and has seen its best days. New stoves and ovens are needed. These should be of electric type, those presently used are coal burning and out of date. New, modern electric ovens should also be installed in the bakery. There is some shortage in mess attendant personnel, one cook is needed and an additional dietician would be required to complete the complement of personnel in the food service department.

The shower facilities in this hospital should be renovated as soon as the material can be obtained.

The library is adequately stocked, having on hand about 4,000 books, from 400 to 500 are purchased annually, in addition to approximately 400 books being donated by various organizations. The library space is rather small and double the space could be used in order to operate more effectively. There is a definite demand for a phonograph and phonograph records, but no space is available for this activity. Recreation is handled by Miss Ravenan, recreational aide, and very fine programs are put on by various organizations throughout the year, in addition to the motion pictures being shown three or four times a week. USO tabloid troops visit about once a month. The metropolitan post of the American Legion furnishes two very fine shows each year. This organization also furnished the radio equipment for broadcasting programs to the hospital for nonambulant patients. It is noteworthy that Mr. Maisel, who also visited this institution, did not make any mention of it in the article he wrote. In effect, this is a compliment to the institution because evidently he found, as we did, that a very fine feeling exists between the medical services and the patients and the staff generally.

We appreciate the courtesies extended to us by Colonel Lipscomb and his staff during our visit.

Respectfully submitted.

MICHAEL M. MARKOWITZ,  
DANIEL O'LEARY,  
*National Field Secretaries.*

#### RECOMMENDATIONS

(1) Complete renovation of the kitchen facilities, including new stoves and ovens.

(2) The revamping of shower facilities as soon as materials are available.

(3) The installation of a new, modern, fluoroscopic X-ray unit and modern X-ray machine, with planograph and rotating anode tube.

(4) The recruiting of additional nurses, men for medical service and technicians in laboratory and also physiotherapy departments.

P. S.—We find that the Navy Department does not send X-ray films and clinical records with the men as they are transferred to this facility. It is very essential that these records be moved with the men since the study of prior treatment, particularly in tubercular cases, is very important in order to continue or to change the type of treatment which had been in effect in the institution from which the man had been discharged. We also find that the X-ray films taken in other Veterans' Administration facilities are not sent on when transfers from one Veterans' Administration hospital to another is made. Sometimes a long delay occurs before these films are made available at the new station. Some method ought to be devised whereby the transferral of all medical records of the men, including X-rays, particularly in tubercular cases, be speeded up.

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Name of hospital: Veterans' Administration facility. (TB, 583 beds.)

Address: Sunmount, N. Y.

1. Answer. In general no complaints on medical treatment and hospital care. An occasional patient may make a complaint and this is personally looked into by the manager or clinical director, or both.

2. Answer. Remedial action is taken in all cases of justifiable complaints.

3. Answer. Equal to and possibly superior to most of county, State, and municipal institutions in this area.

4. Answer. Yes, there are certain restrictions because this is a Federal hospital. Budget estimates, requests for additional personnel, structure changes, must be approved by central office, Washington, D. C.

5. Answer. No; all regulations and restrictions are the result of experience and are necessary in most instances.

6. Answer. Have no authority. Are required to use any and all assigned to the facility.

7. Answer. No research facilities, no experimental work permitted on any veteran. They attend every available clinical meeting within the vicinity.

8. Answer. Very few complaints as to quality, quantity, variety, and preparation of food. The menus are planned to conform to the desires of the majority of patients. Have been fortunate in being able to procure ample quantities of all foods except sugar, fresh vegetables, and fruits. Sometimes complaints are received on the preparation of the food and these may be conflicting in regard to the same meal. One individual may report the meat too well done and another will state it is too rare; one will say there is too much seasoning, whereas another will report the same meal lacking in seasoning. The complaints on food are very minimal.

9. Answer. No.

10. Answer. Yes. Movies three or four times a week. USO shows once a month, occasional stage shows; musicales, daily request recording program, quiz program once a week; games on the wards, 16 mm. movies on wards twice a week for infirm cases; 18-hole putting course, 2 croquette courses. Baseball games two or three times a week during the summer; Gray Ladies visit wards daily to entertain patients.

Canteen service is satisfactory; prices charged veterans must be approved by supply officer and manager, and these cannot exceed the prices charged in the local community. Canteen charges 5 cents on all checks up to \$10 and 10 cents on checks over \$10. Concessionaire has to pay bank 10 cents on every check, so he loses money on all checks below \$10.

12. Answer. Yes.

13. Answer. Periods of hospitalization are proper, conform with standards of NTA.

14. Answer. No.

15. Answer. Buildings neat and clean. A new entrance is contemplated and will be built when materials are available. Grounds are beautiful.

16. Answer. Yes.

17. Answer. Yes.

18. Answer. ?

19. Answer. Veterans' Administration facility, 589 capacity, 560 patients: 13 physicians, 2 dentists, 45 nurses, 55 attendants—hospital; 48 attendants, mess.

20. Answer. Patients not too crowded, floor space varies from 48 square feet to 99 square feet.

21. Answer. Hospital personnel morale good.

22. Answer. If new facilities are built near large cities, there will be no need, in all probability, for any additional beds at Sunmount.

23. Answer. 20.5 percent leave against medical advice.

The majority of patients leave because of financial reasons.

Service-connected single men to get \$95 additional.

Service-connected, married, will have pension reduced if an arrest is attained.

Non-service-connected, married, \$50 is not sufficient to maintain family so veteran leaves when he can to supplement this amount with whatever he may be able to earn.

Some leave because they are too far away from home, the station is too isolated, the families are unable to travel the distances required very often.

24. Answer. Yes.

25. Answer. Fairly high percentage; figures not available.

26. Answer. No. All patients are shown X rays, given advice as to when and where to have periodic examinations, type of work which can be done.

27. Answer. All new facilities be built near large cities or medical centers because—

(a) Employees more readily available.

(b) Better markets for food and other supplies.

(c) More patients will be near home.

(d) Full time professional staff will have opportunity to associate with other members of the profession, take postgraduate courses, attend professional meetings, and belong to professional societies, educate their families, etc.

(e) Consulting staff available.

(f) Improvement in morale of all concerned.



DEPARTMENT OF NEW YORK,  
 VETERANS OF FOREIGN WARS OF THE UNITED STATES,  
 New York 1, N. Y., May 14, 1945.

CASEY M. JONES,  
*National Service Officer, Veterans of Foreign Wars of the United States,*  
*Washington, D. C.*

(Attention Jean A. Brunner, commander in chief.)

DEAR COMRADE COMMANDER: Pursuant to your directive of March 31, 1945, I am mailing under separate cover, reports of the survey by the committee of the Department of New York, of the Castle Point, Bronx, and Northport facilities of the Veterans' Administration.

Your attention is especially called to the report on the Northport Facility, as the committee feels immediate action is in order to remedy the conditions there.

For some time prior to, and during our visit to the Northport hospital I had received numerous complaints of beating and mistreatment of patients. The wives of several of the patients whose cases we handled as power of attorney complained of these conditions, some involving broken bones, long before this investigation was instituted. Letters from patients charging these abuses can be produced from several of the patients' wives upon request. I did not place much stock in these complaints at first, but on visits to Nassau, Bronx, and Suffolk Counties similar charges of abuse were reported to me.

In view of these complaints and the specific instances reported at Northport in the report of that facility, I believe an investigation is warranted. I was informed today, unofficially, that Colonel Verdel, manager, and Colonel Foster, chief medical officer at Northport, are soon to be assigned to other facilities. Colonel Foster has been with that hospital for many years and any inquiry, I feel, should be conducted while he is still stationed there.

A copy of the report has been forwarded to Department Commander Jacob A. Latona and I have retained a copy for our office file.

Yours in comradeship,

FRANK M. WHITAKER,  
*Department Service Officer.*

#### REPORT OF SURVEY OF VETERANS' ADMINISTRATION FACILITIES AT BRONX, NORTHPORT, AND CASTLE POINT, N. Y.

##### QUESTIONS AND ANSWERS

1. Question. Are there any general or specific complaints on the medical treatment and hospital care received by the patients?

Answer. Yes. (See general summary and recommendations of Rehabilitation committee, attached.)

2. Question. Has remedial action been taken by the Veterans' Administration in these cases or others which may have been previously reported?

Answer. Yes.

3. Question. What is your opinion of the relative standards of treatment in the veterans' hospital as compared to the State, county, and municipal hospitals in the same area?

Answer. Standards of treatment are comparable, in some instances better than in other institutions, but lack of medical and hospital personnel does not meet requirements in rendering immediate medical and personal attention to patients. (See report on Northport Facility, attached.)

4. Question. Do the manager, chief medical officer and/or clinical director feel they have sufficient authority to run the hospital as efficiently as they might desire?

Answer. Yes.

5. Question. Do they feel that there are undue restrictions and regulations under which they must function?

Answer. Yes. At Northport Facility the manager must operate under regulations of both the Veterans' Administration and the New York Department of Mental Hygiene, which sometimes conflict.

6. Question. Do they feel they have sufficient authority to employ competent doctors, nurses, and attendants?

Answer. No. Doctors and nurses are assigned to the facilities through Veterans' Administration central office at Washington. The facility manager has no choice in assignment of doctors or nurses and must accept those assigned from commanding officer.

7. Question. Do they have encouragement and support in research, in participating in clinical meetings, symposiums, medical lecture courses, etc.?

Answer. Yes.

8. Question. What definite complaints, if any, are there as to the quality, quantity, and preparation of food in the veterans' hospitals?

Answer. Some complaints that food is sometimes served cold. No complaints as to quality and quantity. (See General Summary, attached.)

9. Question. Have there been, or are there, any specific cases of alleged abuse or neglect of patients?

Answer. Yes. Twenty specific cases and others alleged at Northport Facility. (See report, attached.)

10. Question. Are the recreational facilities adequate?

Answer. Yes, facilities are adequate, but there is a lack of sporting goods, such as baseballs, soft balls, gloves, etc.

11. Question. Is the canteen service satisfactory, and are the prices charged veterans reasonable?

Answer. At Castle Point and Northport canteen service is satisfactory. At Bronx Facility it is unsatisfactory, but the manager states plans are in effect to enlarge and improve this service. The prices are no more than charged outside the facilities; supplemental cigarette service is available to patients in addition to the canteen supply, the Veterans' Administration selling the cigarette at 5 cents less than the canteen price.

12. Question. Are the medical equipment and clinical arrangements satisfactory?

Answer. At Castle Point, yes. At Northport and Bronx, no. (See attached report on orthopedic department at Bronx Facility.)

13. Question. Are the periods of hospitalization proper? Too long? Too short?

Answer. Yes; except at Northport. (See attached report on Northport.)

14. Question. Do patients feel they are required to remain in receiving wards too long before complete examination and treatment are started?

Answer. Yes.

15. Question. How about cleanliness and neatness in the buildings and on the grounds?

Answer. Cleanliness and neatness prevail in all three facilities.

16. Question. Is it felt that the discipline and morale of the patients are satisfactory?

Answer. At Bronx and Castle Point, yes; at Northport, no.

17. Question. Are the transportation facilities to and from the hospitals adequate?

Answer. Yes.

18. Question. Is the contact service considered satisfactory and adequate by VFW?

Answer. Yes.

19. Question. How does the ratio of patients to full-time physicians and surgeons, nurses, and attendants in veterans' hospitals compare to that of State, county, and municipal institutions?

Answer. There is no comparison. There is a very serious shortage of physicians, surgeons, nurses, and attendants. At Northport the ratio is 460 patients to 1 nurse; 461 patients to 1 doctor.

20. Question. Are the patients too crowded? Is there sufficient floor space?

Answer. Not crowded. Sufficient space between beds.

21. Question. How do they find the discipline and morale of the hospital personnel? What are their complaints, if any?

Answer. (See report attached on "Personnel" of each facility.)

22. Question. What is your recommendation as to type and number of additional beds that may be required for the new load?

Answer. Type of beds now in use are satisfactory; required number of additional beds difficult to state accurately. However, all three facilities are occupied to bed capacity and additional beds will require new buildings, which is strongly recommended.

23. Question. What percentage of patients are leaving the hospitals against medical advice? Why?

Answer. Only a very small percentage. Those who leave know they are at the hospitals as voluntary patients and may leave at will; the Veterans' Administration has no authority to prevent their leaving except where a patient is mentally afflicted and considered to be committable. In such cases, where the

nearest of kin refuses to commit the patient he is turned over to the New York Department of Mental Hygiene who may commit him to a State or county institution.

24. Question. Could better personal care be furnished with staff aide programs of Waacs trained in hospital routine, thus relieving nurses for more important duties?

Answer. Yes.

25. Question. What percentage of patients without dependents leave the hospital against medical advice due to the reduction in pension while being hospitalized?

Answer. Undetermined; but the percentage is very small.

26. Question. Are there any complaints on the part of the patients regarding the lack of information given them as to their physical condition and advice as to future treatment upon being discharged from the hospital?

Answer. Yes.

27. Question. What general or specific recommendations would you offer as to the medical treatment and care of veterans in Veterans' Administration facilities?

Answer. (See recommendations on separate report of each of the facilities covered by this committee.)

Respectfully submitted.

DEPARTMENT OF NEW YORK, VETERANS OF FOREIGN WARS,  
*Rehabilitation Subcommittee.*

MERRITT W. BALDWIN,  
*Chairman, Department Senior Vice Commander.*

RICHARD S. HIGHAM,  
*Department Chief of Staff.*

JAMES F. P. McGRORY,  
*Commander District No. 2, Department of New York.*

FRANK RUDDOCK,  
*Commander District No. 1, Department of New York.*

FRANK M. WHITAKER,  
*Department Service Officer.*

#### REPORT OF SURVEY OF VETERANS' ADMINISTRATION FACILITY, CASTLE POINT, N. Y.

Date of survey: May 4, 1945.

Survey conducted by Merritt W. Baldwin, department senior vice commander; Richard S. Higham, department chief of staff; Frank M. Whitaker, department service officer.

Interviewed Col. G. Bates, Medical Corps, manager of the facility, who gave the following information:

*Bed capacity.*—Total of 626 beds, fully occupied.

*Medical officers.*—Fully staffed at 18, which number does not include the manager and clinical director.

*Head nurses.*—Full staff of six.

*Staff nurses.*—Of a total of 66 authorized, there are 55 positions filled, with 11 vacancies.

*Hospital attendants.*—Of a total of 87 authorized, 75 positions are filled, with 12 vacancies.

*Mess attendants.*—Of a total of 61 authorized, 51 positions are filled, with 10 vacancies.

*Enlisted personnel and officers.*—Seventy-five enlisted men and officers are assigned to this facility by the Army. Of this number, 25 are assigned on duty to cover civilian vacancies in the wards and 27 assigned to cover civilian vacancies in the kitchen.

*Patients.*—Total of 567 hospitalized as of this date; 251 are World War I veterans, 316 are World War II. (Castle Point is a TB hospital, exclusively.)

*Buildings and improvements.*—Buildings are well set apart with spacious and well-kept grounds; tunnels run between all buildings which make it unnecessary for patients or personnel to go outdoors in inclement weather. The interiors are divided into rooms of two-, three-, and five-bed capacity. There are no rooms with more than five beds. Rooms are well lighted and ventilated and not crowded. Recently completed reconstruction of the buildings converted unused porches



into additional rooms, increasing the previous bed capacity of 479 to 626. New plumbing and fixtures have been installed to meet the increased load.

*Civilian and enlisted personnel.*—While there is a division in the command of the civilian and enlisted ward and building personnel, there is no confliction in carrying out orders and duties. There is no "mixing" of civilian and Army personnel, each building or section being manned by a separate detail of enlisted or civilian group. Orders for the care and handling of patients are issued by the facility manager to the chief attendant and commanding officer of the Army group, each in turn transmitting the instructions to their own respective charges.

*Medical and surgical equipment.*—The manager stated equipment is modern, in excellent condition, and adequate to take care of all needs of current number of patients there.

*Food.*—There were no complaints from the patients concerning the quantity or quality of the food. A tray service is in effect, the meals being served from an electrically heated truck, or conveyer, to the patients confined to bed. The food is not always served at its best heat, however, due to the lapse of time the food leaves the kitchen until served in the rooms. The manager explained this is being remedied by the installation of sufficient electrical plug-outlets in all rooms which will keep the trucks properly heated at all times.

*Finances.*—Patients retain all moneys and valuables they care to retain when entering the hospital. They may deposit moneys with the finance officer and draw on their account if they so desire. There is a check-cashing firm which visits the hospital for this service several times weekly. The rates for the check service are very low in comparison to the charges and rates allowed by the State of New York: 10 cents for an amount up to \$8; 15 cents for any amount over \$8.

*Discharges, deaths.*—During the months of January, February, and March, 1945, the number of discharges or "turn-over" cases numbered 217, broken down as follows:

Deaths.....	34	Maximum hospital benefit.....	12
Absent without leave.....	34	Emergency ended.....	5
Against medical advice.....	10	Treatment not required, inactive cases.....	27
Arrested cases.....	26	Disciplinary reasons.....	5
Transferred.....	14		

*Transportation.*—Facilities and schedule are adequate. Two bus lines operate to and from the railroad station to the hospital in addition to taxi service. Both bus and individual taxi fare is 25 cents one way. Busses operate on hourly schedule, taxis on call.

#### GENERAL SUMMARY

The committee reports Castle Point Facility operating and functioning efficiently.

Building program in prospect is planned to cope with anticipated maximum load of TB cases which may be domiciled at this facility.

#### RECOMMENDATIONS

None.

Respectfully submitted.

FRANK M. WHITAKER,  
Department Service Officer.

#### REPORT OF SURVEY OF VETERANS' ADMINISTRATION FACILITY, BRONX, N. Y.

Date of survey: April 12, 1945.

Survey conducted by Richard S. Higham, department chief of staff; James P. McGrory, commander, district No. 2, New York.

Frank M. Whitaker, department service officer.

Interviewed Col. W. Cook, manager of the facility, and Col. J. Hargraves, chief medical officer, who gave the following information:

*Hospital bed capacity.*—One thousand, seven hundred and nineteen, prior to World War II; increased to 1,900 to care for increased case load. Fully occupied.

*Personnel*

Positions	Author- ized	Filled	Vacan- cies	Remarks
Doctors.....	92	89	3	69 commissioned.
Nurses.....	236	230	6	
Cadet nurses.....	48	48		
Hospital attendants.....	307	192	115	Civilian.
Do.....		155		Army personnel.
Mess attendants.....	173	104	69	Civilian.
Do.....		80		Army personnel.
Total.....	856	898	193	

Total of 300 Army officers and enlisted personnel stationed at this facility to compensate for shortage of civilian personnel.

*Buildings and wards.*—About two-thirds of all buildings are new, modern, and well equipped. Wards are well lighted and ventilated, beds well spaced apart.

*Out-patient department*

Number of examinations for rating purposes and recheck on waiting list.....	11,000
Average number applying daily for out-patient treatment.....	75
Number cases called in for examination daily for rating purposes (about 50 percent behind schedule).....	115
Number cases called in for examination daily on P-10 application for hospitalization.....	115
Average monthly "turn-over" (hospital discharges and admissions).....	700

*Orthopedic department.*—Housed in a small, crowded building, poorly lighted building with absolutely no space for additional equipment or expansion. Machinery is antiquated with frequent break-downs; much of it so old that replacement parts are unobtainable, causing machinery to be idle for long periods and seriously handicapping this department in keeping abreast with the orders for prosthetic appliances. (See notes under "General summary," attached.)

*Food and kitchen.*—No complaints from patients as to the quality and quantity of the food. Some complaints, however, that meals are sometimes served cold. The kitchens, well equipped, are neat and clean. Self-service cafeteria system is in use for patients who are ambulant and take their meals in the combination kitchen-dining room; each patient returns his own tray, disposes of refuse matter, and places dishes and utensils in their respective cleansing containers. This system works efficiently. Patients confined to bed are served from trays transported to the wards in large, electrically heated truck conveyors. These are heated to 220° when the food is placed in them, but approximately 10 minutes elapse before the trays reach the patients and the food is not always served at its best heat. The chief dietitian states she is not in favor of this tray system and prefers serving direct from kitchens near the wards, but that the system was adopted by the Veterans' Administration and is in operation in all New York facility kitchens.

*Canteen service.*—The canteen is small and unsatisfactory, but prices are reasonable and consistent with prices charged outside the hospital. When the canteen cigaret supply is depleted the Veterans' Administration sells cigarettes to the patients at cost. Plans are now in effect to enlarge the canteen to obtain adequate service.

*Recreation and entertainment.*—Well-balanced program of entertainment and recreation activities.

*Death rate.*—Chief medical officer states death rate is about 10 percent.

## GENERAL SUMMARY

*Examinations for rating purposes.*—The list of 11,000 cases awaiting call for examination and recheck for rating purposes presents a serious problem. Examinations scheduled for August 1944 are being called in at this date, putting the

list about 10 months behind schedule. There is no immediate prospect of lessening the number of cases on this list; rather, the number is going to be increased with the prospect of the great number of discharges from active service in the near future. Many of these cases are listed for examination for initial ratings and the only prospect of expediting action in these cases is the assignment of sufficient number of examining physicians to cope with the situation.

*Personnel.*—Shortage of civilian personnel, particularly mess attendants, is acute. These attendants are often required to work long hours of overtime, resulting in a daily absent list of 16 to 20 employees who take time off to rest. Army enlisted personnel is used to fill these daily vacancies and while the enlisted men perform their duties satisfactorily, there is much discontent among them. A large number of these enlisted men had long periods of combat service in the various theaters of war, were returned to the United States for 6-months' furlough, and are resentful of the fact they are "rewarded for their combat service by being assigned for a 6-month period of KP." At the expiration of the 6 months, many of the soldiers state they are scheduled to return overseas.

Army enlisted personnel used as hospital attendants are, for the most part, Medical Corps men and perform their duties efficiently and satisfactorily, but many of these men also have had active combat service and seem to feel these duties could be performed by servicemen permanently assigned to domestic duty.

The facility manager states there is current need for at least 10 additional psychiatrists, 12 physicians and surgeons, and 100 attendants.

*Orthopedic department.*—This department employs but six skilled mechanics which makes it almost impossible to cope with the current demands for prosthetic appliances. Fifteen skilled workmen to date have left this department to accept employment with private concerns manufacturing artificial limbs and other appliances, and there is no prospect within the immediate future to fill these vacancies. Chief of the orthopedic department explains the difficulty lies with the Veterans' Administration in the low wages paid for this type of work; a top salary of \$2,100 paid by the Veterans' Administration as against salaries of \$3,200 to \$4,000 in private industry.

#### RECOMMENDATIONS

The committee submits the following recommendations:

1. Assign physicians, surgeons, and psychiatrists, as provided for in existing regulations, sufficient to handle the backlog of cases and the rapidly increasing case load at this facility.
2. Obtain the necessary machinery and equipment and skilled help required to meet the demands on the orthopedic department.
3. Take necessary action to readjust salaries of Veterans' Administration skilled mechanics on a basis comparable to salaries paid in private industries for the same kind of work.
4. Relieve, as far as possible, from duties as hospital and mess attendants, enlisted personnel with records of active combat service.

Respectfully submitted.

FRANK M. WHITAKER,  
Department Service Officer,  
(For the committee).

#### REPORT OF THE SURVEY OF VETERANS' ADMINISTRATION FACILITY, NORTHPORT, N. Y.

Date of survey: April 19, 1945.

Survey conducted by Richard S. Higham, department chief of staff; James F. P. McGruy, commander district No. 2; Frank M. Whitaker, department service officer.

Interviewed Col. Louis Verdel, manager of the facility, and Col. W. Foster, chief medical officer, who gave the following information:

*Bed capacity.*—Normal, 2,312; increased since Pearl Harbor to total of 2,806, of which 2,768 are occupied, leaving only 36 beds for "turn-over" or emergencies. No additional bed space available without construction of new buildings.



## Personnel

Positions	Authorized	Filled	Vacancies	Remarks
Doctors.....	(1)	22	(1)	
Nurses.....	70	74	32	
Cadet nurses.....	(1)	4	(1)	
Hospital attendants.....	296	156	140	Civilian.
Do.....		150		Enlisted personnel.
Mess attendants.....	91	65	26	
Do.....		40		Do.
Total.....	457	511	198	

<sup>1</sup> Not stated.

*Staff.*—Of the total of 22 physicians, surgeons, and psychiatrists, only 17 are available for duty, the manager explaining that 4 are usually not on call being absent due to illness and other reasons.

*Discharge and death rate.*—The report of the facility fiscal year from July 1, 1943, to June 30, 1944, was given as follows:

Total patients hospitalized (World War I, 1,858; World War II, 686).....	2,544
Received full hospital benefit.....percent.....	42
Number discharged.....	1,043
Number of deaths (death rate approximately 10 percent of total number discharged).....	109

*Buildings and equipment.*—About two-thirds the number of buildings are new and in good shape; the remainder very old, poorly lighted and ventilated; low ceilings. Medical and other equipment, most of it new and modern, is inadequate to care for the number of patients domiciled. Windows are barred on the outside, but in the "violent" wards the window panes are unprotected from the inside, this condition having caused some very serious injuries to patients. (See General Summary, this report.)

*Civilian and enlisted personnel.*—In addition to the civilian personnel, there are stationed at this facility 290 enlisted Army personnel, colored troops in command of white officers. These troops are assigned for 6 months' duty at the hospital to fill the vacancies of civilian positions, most of them being assigned as hospital and mess attendants. The arrangements in mixing the enlisted with the civilian personnel is unsatisfactory and there exists some friction between the groups. (See General Summary under heading "Complaints.")

*Recreation.*—Practically nonexistent. Baseball field and some outdoor facilities are available, but no baseballs, softballs, or other outdoor sporting goods on hand. Some indoor recreation is available but there is no scheduled recreation program under an experienced supervisor. Movie programs and entertainment furnished from outside veteran organizations and ladies' auxiliary units are adequate and provide relaxation for ambulant patients.

*Food and kitchen.*—The food is of the best and there is no complaints about the quality and quantity. A tray service is in effect for patients who cannot go to the dining rooms. Trays of food are conveyed to the wards in electrically heated trucks, and is sometimes served cold, due to the distance between the kitchen and the wards and the time element in getting the food to the patients. This system is not entirely satisfactory, but the kitchen and utensils are neat and clean.

*Transportation.*—Train and bus service to and from New York City and the Northport Facility are adequate.

## GENERAL SUMMARY

*Serious shortage of doctors and nurses.*—The total number of 22 doctors and 46 nurses to care for 2,768 patients at this facility, presents a very serious problem. Doctors and nurses are worked on three shifts; no more than 6 doctors on duty at any one period; nor more than 8 nurses on any shift. The ratio is about 460 patients to 1 doctor and 1 nurse.

Because of this shortage, the manager admitted, the patients are not always able to obtain proper medical care and supervision when it is most required.

And for the same reason, patients, in numerous instances, are compelled to remain in the hospital much longer than is necessary to keep them there. This facility is exclusively for mental patients and it was disclosed also that patients are not called before the staff as often as may be required to determine whether or not they are competent and oftentimes remain with a status of "incompetent" when they might otherwise be declared competent and well enough to be permitted to go home on convalescent leave.

*Shortage of attendants is dangerous.*—The shortage of attendants in the wards is not only serious, but is very dangerous, particularly in the "violent" wards. In one of these wards the committee found 48 violent patients in charge of two attendants. These patients were seated in chairs packed closely together placed around three walls of the ward; several paces from the entrance to this ward was seated a patient, strapped in a strait-jacket, his forehead severely lacerated and bleeding. The doctor in charge explained, in reply to our question concerning the injury, that the patient had dashed across the room shortly before our arrival there, and crashed his head through the glass window. The windows in these wards are without protection on the inside, about shoulder height for an average man. In the hallway, just outside this ward, lay another patient on a bed, both wrists slashed and a deep gash in his neck just below the left ear; he was unconscious and apparently in very serious condition. He had attempted his own life by slashing himself with pieces of glass from a broken window pane, we were told. Other patients paced the ward in strait-jackets.

Similar conditions prevailed in the "homicidal and suicide" ward. Several patients showed severe cuts and scars of the hands, face, and head, caused by their smashing the window panes. In this ward there were 31 patients with one attendant. When asked why these windows were not protected by screens or wire mesh, the doctor in charge stated he had made repeated requests to have the windows enclosed, but for some unknown reason, his requests were either overlooked or forgotten.

On the grounds outside this building were strewn pieces of glass from the broken windows with no evidence that any attempt was made to sweep them up out of reach of the patients.

The committee is of the opinion that if there were a sufficient number of attendants assigned to this ward to assure proper supervision, many of the injuries to the patients could be prevented.

*Beatings and abuse of patients.*—When asked if there were any complaints or known instances where patients had been beaten or ill-treated, the manager informed the committee that 15 enlisted colored troops had been court-martialed and convicted of mistreating the patients and 5 civilian employees are now facing criminal assault charges for beatings administered to patients. These convictions were obtained, we learned, by 3 FBI agents who had been admitted to the facility as patients and produced evidence to convict. The manager also admitted that there were other cases of mistreatment which were not reported and that any man against whom a complaint for mistreatment is lodged, is immediately suspended and the charges investigated.

Several patients were asked if they had knowledge of any mistreatment and answered in the affirmative, but were reluctant to go into detail. One patient, however, one Edward W. Fortune, whom we contacted in the infirmary, stated he had knowledge of numerous beatings, said he had no objection to his name being used concerning the allegations, and named several patients whom he alleges were beaten, witnesses to the acts, and several doctors who had knowledge of the incidents he related. He stated to the committee in the presence of the ward doctor that he had been confined to the facility for 16 months, had made numerous requests to contact an attorney which were always ignored; had smuggled out a note to an attorney who succeeded in scheduling an appearance on a writ of habeas corpus before a Judge Stoddard, of Mineola, N. Y., to whom he had related the allegations he was then making to the committee. This patient was to appear at the Mineola court before Judge Stoddard a few days subsequent to our visit to the facility. The committee, however, has no substantiation of the allegations.

*Patients injured following shocks.*—In answer to a question as to how many patients in the facility suffered injuries from any cause whatever, the manager said he could not state definitely, but said several patients suffered bone fractures following "shock" treatments. One patient, he stated, suffered a spinal injury when he rolled off a table following a shock treatment, while another sustained a broken back coming out of the shocks; still another suffered injuries to several vertebrae during a convulsion following the treatment. The committee contacted the patient with the broken back, who confirmed the manager's report of the

injury, stated it was purely accidental, and he felt he was given every care and consideration in administering the shocks.

*Patients in straitjackets.*—Patients strapped in straitjackets mingle with the other patients in the wards. The committee feels this, too, is somewhat dangerous, as a patient so strapped would have no chance to defend himself in the event of an attack by another patient becoming violent.

*Personnel not trained to handle mental patients.*—Neither the civilian or enlisted personnel are especially trained to properly supervise or handle mental patients. The committee was informed that the program of fitting the attendants to handle their charges consisted of a course of eight lectures. They have no special or practical training as to the proper method of subduing a patient who may become violent to prevent possible injury. The enlisted men assigned by the Army, particularly, are not qualified to act as hospital attendants and might well be classed as Army "misfits." We were informed they were assigned these hospital duties when it was decided they were not adaptable to other military duties. (Subsequent to our visit to Northport the contingent of colored troops were replaced by white troops.)

#### RECOMMENDATIONS

The committee recommends that—

1. The Veterans' Administration immediately send an investigator to this facility to ascertain, and then assign, the number of doctors, nurses, and psychiatrists to properly care for the patients confined there.

2. An immediate investigation be made to determine the truth or falsity of the charges of mistreatment of patients.

3. Immediate steps be taken to cover windows inside the wards with suitable material to prevent breakage by the patients and injury to themselves.

4. To institute a program of training and instruction in the proper handling of patients by attendants.

5. Patients confined in strait-jackets be segregated from other patients for their own safety.

6. Patients who show marked improvement be brought before the hospital staff at the earliest possible time to determine the necessity for continued hospitalization.

The committee is of the opinion that the Veterans' Administration at central office is out of complete touch with the situation and have no realization of the condition and needs of the Northport Facility.

Respectfully submitted.

FRANK M. WHITAKER,  
Department Service Officer  
(For the committee).

VETERANS OF FOREIGN WARS OF THE UNITED STATES,  
NATIONAL REHABILITATION SERVICE,  
Washington 5, D. C.

#### NEW YORK (SEVEN HOSPITALS)

Batavia Facility: 295 general medical and surgical beds.

Complaints: Lukewarm food served on trays; unsatisfactory canteen conditions; unsatisfactory clinical arrangements; periods of hospitalization too long.

Recommendations: Correction of the above; increased clerical staff.

Bath Facility: 1,477 domicile and 428 general medical and surgical beds.

Complaints: Insufficient contact service.

Recommendations: Increased clerical staff.

Canandaigua Facility: 1435 neuropsychiatric beds.

Complaints: Inadequate transportation facilities; insufficient contact service.

Recommendations: Correction of above; increased clerical staff.

Castle Point Facility: 625 TB beds.

Complaints: None.

Recommendations: None.

Bronx Facility: 2,084 general medical and surgical beds.

Complaints: Inadequate orthopedic equipment and arrangements; inadequate orthopedic personnel.

Recommendations: Increased medical staff; correct orthopedic department deficiencies; relieve combat-servicemen from kitchen duties.



Northport Facility: 2,806 neuropsychiatric beds.

Complaints: Insufficient medical personnel; inadequate medical equipment; inadequate recreational facilities; inadequate supervision of patients; alleged mistreatment of patients.

Recommendations: Increased medical staff; inside protection of windows; training program for personnel; segregation of patients, by classification.

Sunmount Facility: 589 TB beds (no report).

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DEPARTMENT OF NEW YORK,  
VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.,  
Batavia, N. Y., May 14, 1945.

JACOB A. LATONA,

*Department Commander, Department of New York,  
Veterans of Foreign Wars, New York 19, N. Y.*

DEAR COMRADE LATONA: Based upon your request and Ivan Cook, commander of district No. 5, who was designated by you to conduct this inspection, an appointment was made by Comrade Cook to meet me at Sampson on April 27 at 10 a. m., but Comrade Cook did not appear as per the appointment.

Comrade James A. Porcari, director, Monroe County Veterans Service Bureau, and myself were officially presented to the officer in charge, who stated that the entire staff had been informed to cooperate with us and allow us to question anyone regarding any information that we were seeking.

We made an entire inspection of the wards and confidently talked with at least 50 of the patients in the hospital, and although they were not entirely satisfied with conditions, they did not offer any specific complaint. Some would say that there was plenty of food, others would say that the food was good what there was of it, but we could not obtain any particular complaint about the food not being of good quality.

The hospital was immaculate. Beds and equipment were very neat and clean, and the patients seemed as a whole satisfied with the medical service they were receiving.

We had dinner in the general mess and arrived a little late to receive the dinner that was scheduled on the menu, which was supposed to have been fish. Instead we received steak, creamed potatoes, creamed corn, bread, butter, coffee, and milk, and finished up with a large piece of cherry pie. We observed that there were quite a few latecomers even after we had sat down to eat, and they received the same course dinner that was given to us.

I would like to draw to the attention of all concerned that the Veterans' Administration arranged with the United States Naval Hospital at Sampson for out-patient examinations by the rate of 10 per day. We have complained continually regarding the inadequacy of numerous examinations conducted, and I can safely say that the records should show that there has been numerous cases where the veteran has had to be called into the Veterans' Administration for an examination following the one conducted at Sampson as being inadequate for rating purposes.

During our conversation with the various personnel who conduct the examination at Sampson I was led to believe that they resented the fact that the Veterans' Administration was dumping this load on their shoulders, as it meant a lot of extra work for them for which the Veterans' Administration should be doing themselves.

I would like to recommend at this time that steps be taken to discourage the Veterans' Administration requesting any further examinations to be conducted by the United States naval station at Sampson, N. Y.

I would also like to draw to your attention the fact that there has been quite a discussion regarding the Veterans' Administration taking over Sampson for either a hospital or domiciliary care. It is my belief that under the supervision of the Veterans' Administration this entire station is nothing but a firetrap, as the buildings are not constructed with fireproof material. This is merely my opinion and, not being versed to such conditions, before any action should be taken on my remarks, I believe someone who is familiar with buildings should visit Sampson for a tour of inspection, and action taken before the Veterans' Administration contemplate taking over this station.

Sincerely yours in comradeship,

FRED J. HOLLENBECK,  
Service Officer.

INVESTIGATION OF THE VETERANS' ADMINISTRATION, BATAVIA, N. Y., ON  
APRIL 8 AND 9, 1945

(Conducted by Fred J. Hollenbeck, department service officer, Department of New York, Veterans of Foreign Wars, and James A. Porcari, director, Monroe County Veterans' Service Bureau, Rochester, N. Y.)

1. Answer. We received one complaint that had to do with negligence on the part of a nurse who gave medicine prescribed to a patient to another, but of such a nature that could not have done any damage. The general run of complaints and medical treatment are that some doctors are quite fast in forming an opinion in telling the patient there is nothing that can be done for him. In other words, it makes the veteran feel that the condition is such that is beyond all treatment, or arrived to that point of such a chronic nature that regardless of what medicine could be prescribed, that it would not do the patient any good.

2. Answer. Yes.

3. Answer. It is my general belief that the relative standards of treatment in the veterans' hospital do excel that of the State, county, and municipal institutions in this area.

4. Answer. Yes.

5. Answer. No.

6. Answer. Yes.

7. Answer. Yes; to a certain extent that we have been informed that when the personnel attends clinical meetings, medical lectures, etc., outside of their station the expense must be borne by them and not the Veterans' Administration, the same as when a doctor takes a postgraduate course, it was informed that they must stand the expense themselves.

8. Answer. We received numerous complaints that the way the food is served in the wards it is not served hot. They are brought from the kitchen in an electric conveyor, and I personally have inspected them several times, and at no time could I find where these conveyors are anything but just warm. Sometime even before this investigation was ordered I personally contacted Dr. Locke, chief medical officer, and complained about the food not being hot when served. It seems to me that perhaps these are not plugged in soon enough before the food is placed in them to be taken to the ward to keep the food hot. On April 8, 1945, Mr. Porcari and myself had dinner in the main dining hall, and although the food is served cafeteria style, it is supposed to be kept hot in the steam tables, and when we were served at 12:10 the food, although of good quality and quantity, variety, and the preparation was excellent, it was served only warm to us, of which we complained to the chief medical officer, and the following day, when we entered the dining room to eat it was interesting to note that the manager of the facility was standing in back of the counter observing everything that took place. We were informed that the average cost per patient daily was 53 cents to 54 cents.

9. Answer. No.

10. Answer. Yes.

11. Answer. No. It is my opinion that the present set-up is and has been very unsatisfactory due to the fact that a little room, approximately 10 by 10 feet, is set aside for the stock. It is my belief that this does not constitute a canteen of which merchandise could be sold to the patients and employees and whenever visitors desire anything. To my understanding, there is a large room in the recreational building that should be set up as a canteen, which is big enough that counters could be put in and proper canteen service administered. It is my understanding that the reason that this is not set up is that bids would have to be accepted for the canteen service in this event. The man who conducts the so-called canteen service in this hospital at the present time has a wagon that he takes through all the ward twice daily. The prices are reasonable and no complaints.

12. Answer. The medical equipment is satisfactory and the clinical arrangements are inadequate. We want to recommend this facility, the institution of a more orderly method of examining of veterans for admittance and for rating purposes. Additional help should be immediately provided so that the typing of clinical records and 2507's can be expedited. On this day there were 19 examinations made. Sixteen were called in for examination for pension purposes, one for insurance purposes and one for civil service, and one for some other purpose. The examinations are conducted only 5 days weekly and the backlog on examinations at this time was about 1,700 examinations for rating purposes. On complaining of this situation we were advised that 20 veterans would be called in



daily beginning April 9, 1945, and further, that 10 were ordered for examination at Sampson Naval Hospital. It was felt that this made more time to take care of the backlog and current examinations. It must be definitely stated that the clinical facilities for examinations for rating is inadequate. We also found that there were 84 applications for hospitalization on the call list as of April 8, 1945. It was felt that the nurses' aides and nurse cadets could be used advantageously. However, beyond any question, the Veterans' Administration should see to it that a more substantial pay is granted the attendants so that this position would be more attractive to applicants for work.

13. Answer. This question is very difficult to answer, regarding the general medical hospital, due to the fact that it is merely a matter of opinion of a layman against that of a person of a professional nature as that of doctor, but statistics prove that a person entering this hospital for any condition whatsoever, his period of hospitalization is much longer than that if he is confined to a private hospital. In the first place, the length of time for a patient to be confined to the receiving ward before being sent to the treatment ward is absolutely too long in my opinion. In regard to these old arthritic cases, chronic heart diseases, etc., they could be sent home and informed as to what sort of treatment they should have within their own home as they are ambulant and not of a severe enough nature to be kept for a prolonged period of hospitalization.

14. Answer. Yes.

15. Answer. Cleanliness and neatness in the buildings and grounds are commendable.

16. Answer. Yes.

17. Answer. No, as they terminate bus service early in the evening and those employees who must report for the last shift, find it very inconvenient to get to work especially in the wintertime. Outside of this fact it is believed with the bus service making trips hourly, it is adequate.

18. Answer. Yes.

19. Answer. The ratio of patients to full-time physicians and surgeons and nurses and attendants in this hospital is approximately the same as in the State, county, and municipal institutions.

20. Answer. In this hospital, there is sufficient room for the patients and they are not crowded, and the floor space is very adequate per patient.

21. Answer. We have never had any complaints regarding the discipline and morale of the hospital personnel.

22. Answer. It is my honest belief that the capacity of the beds should be increased to at least a thousand-bed hospital in this facility, providing there is not another hospital built within this jurisdiction and they should be used for general medical service.

23. Answer. According to the records from April 1, 1944, to April 1, 1945, there were 78 patients that left against medical advice. Quite a few of these are due to the fact that home conditions such as necessity, to support family, and the large majority are where veteran is discharged from Army to Veterans' Administration for further treatment and upon arrival, they are discharged from service and only stay a few days and leave for home.

24. Answer. No.

25. Answer. There is no record kept regarding the patients leaving the hospital against medical advice due to the reduction of pension while being hospitalized. In my opinion, this percentage would be less than 1 percent, as we receive very few complaints about this procedure.

26. Answer. The day before patients are discharged from the hospital, they are brought before the discharge board, where they may render any complaints regarding the care and treatment that they may have received and whether they feel they need any further hospitalization, and at which time they are advised as to their physical condition and informed what treatment they should continue when they return home upon being discharged from the hospital.

27. Answer. During my 10 years of employment with the VFW, I have been particularly interested in observing the amount of paper work that the doctors and nurses are required to do in the facilities. It is reasonable to assume that this is necessary, but clerks could be hired for a much less amount of money to take care of this paper work, which would release the professional people, such as doctors and nurses, for their work that they are employed to do, and I further believe that when a veteran is brought in for a period of hospitalization, that immediate steps should be taken to render to them the service that they made application for. In other words, if a man applies for an operation for hernia, it takes from approximately 6 to 10 days for routine examinations before the



patient is sent for surgical service. The same applies practically in all cases, especially in general medical hospitals, where the routine is too long, the patient becomes discouraged, because the majority of them have good jobs that they wish to return to and families to support and long periods of hospitalization are very discouraging to the majority of veterans. We have constantly coming into our office, patients who make the statement that they wish they had gone to their own physician and entered hospital for an operation, as the period of hospitalization would only be from 1 to 2 weeks, and they are hospitalized at the Veterans' Administration from 6 to 8 weeks.

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INVESTIGATION OF THE VETERANS' ADMINISTRATION, CANANDAIGUA, N. Y.,  
APRIL 10 AND 11, 1945

(Conducted by Fred J. Hollenbeck, department service officer, Department of New York, Veterans of Foreign Wars, and James A. Porcari, director, Monroe County Veterans' Service Bureau, Rochester, N. Y.)

1. Answer. On Tuesday afternoon, April 10, 1945, while making a tour of the various wards, we contacted various relatives of patients to determine any complaints regarding medical treatment or hospital care they desired to make. Contact was made with patients in every ward in the hospital, ward attendants, nurses, and the personnel and no complaints could be elicited from anyone whatsoever.

2. Answer. Not having any complaints, therefore, remedial action was not necessary.

3. Answer. On April 10, Dr. John Burton, chairman of rehabilitation committee, Department of New York, VWF, accompanied us on our tour of inspection and he made the statement that he had just visited a State hospital, and that in his opinion, the relative standards of treatment in the veterans' hospital far exceed that in the State, county, and municipal institutions in this area.

4. Answer. Yes. They believe that they have sufficient authority to run the hospital as efficiently as they might desire, and further informed us that they have never requested any equipment or necessities from the central office within reason that they were ever rejected.

5. Answer. No.

6. Answer. Under ordinary circumstances and in wartime conditions, it was felt that they have sufficient authority and latitude to employ competent doctors and nurses and attendants. The main objection at the present time is that it was believed that the doctors assigned by the Army seem to lack the initiative to adapt themselves to institutional work. They seem to give the impression that they are no longer needed in the Army and are sent there to be eventually retired.

7. Answer. Yes; such as the assistant to the ear, eye, nose, and throat specialist is leaving in May for postgraduate course. The doctors go as far as Rochester, which is in the neighborhood of 75 miles, to attend various lectures and medical meetings.

8. Answer. I am attaching hereto the menu of the week beginning April 9 and ending April 15, 1945, and advise you that we had dinner on April 11 in the general mess, which was served in cafeteria style. Patients were very orderly and immediately upon being seated they could have all the bread they desired. The coffee and milk were served in pitchers so that the patients could help themselves to all that they desired, and the mess attendants went around to all the tables with large dishes of potatoes, and any patient that desired an extra helping, was given same. The food was of the finest quality and the variety and the preparation was excellent, and the quantity was adequate.

9. Answer. There were no complaints whatsoever of any alleged abuse of patients.

10. Answer. Yes. They have two fully equipped bowling alleys, pool tables, and it was interesting to note that bowling leagues were formed from various buildings and the standing of the teams was posted in the bowling alley, and in every ward a recreation room was equipped with all sorts of reading matter, cards, and games. A large theater they have will seat approximately 760 patients. On the afternoon of April 11 was one of the unusual warm days for the month of April, and there were approximately 1,000 patients out on the

lawns, playing handball, baseball, kicking a football around, and playing all sorts of games; lying around sunning themselves, and everyone seemed to enjoy themselves and seemed to be contented. Even one patient that we've seen sat way up in the corner of the building where some water was trickling, and was building a dam, together with little paper boats that he was endeavoring to sail in this mud puddle.

11. Answer. There is no canteen service at this hospital, as patients do not handle any funds and, instead, each individual has lockers where supplies are kept, such as cigarettes, tobacco, candy, and various other articles for their immediate care.

12. Answer. The question of medical equipment was taken up quite lengthily with Dr. Hansen, manager of the facility, and he seemed to be very pleased with equipment in use at the present time, and he stated that when requisitions are sent to the central office when medical equipment is necessary, he receives splendid cooperation from Washington. The clinical arrangements are satisfactory, except that the regional office is causing quite a hardship on the staff by sending around 200 requests for examinations monthly, and all they could possibly do adequately is 80. On April 11, 1945, they had sent out requests for 95 scheduled examinations for claimants to appear up to and including May 15, and they had four pages of names to call in at a later date, with continual requests being sent in from the regional office for examinations of claimants which means that a lot of these claimants will not be examined for many months to come.

13. Answer. During our contact, we had the pleasure of sitting in on a staff meeting of doctors, where the patient is brought before approximately 12 doctors for determination as to whether or not they should be discharged, paroled, trial visits, etc. It was interesting to note the difference of opinion of the various doctors sitting in on these hearings. It is my belief that this facility is doing everything humanly possible to get these patients back to their homes and community as soon as possible. It is very difficult to ascertain if the period of hospitalization is too long or too brief, as a mental institution will not let a patient leave unless they are mentally well enough to adapt themselves to their home life.

14. Answer. No.

15. Answer. In my opinion, the entire grounds and buildings are exceptionally clean and neat.

16. Answer. It is felt that the discipline and morale of the patients are very satisfactory.

17. Answer. The only transportation facilities to and from the business section of the city of Canandaigua are taxis, who charge 35 cents per person. We were informed that approximately 80 percent of the visitors drive their own cars when visiting the patients. In my opinion, transportation facilities are inadequate.

18. Answer. At the time of our visit to the facility, the contact service consisted of one contact man, who is stationed at Batavia and visits Canandaigua on Mondays, Tuesdays, and Wednesdays. It is believed that a full-time man should be stationed as contact representative which would then be satisfactory by the VFW.

19. Answer. The ratio of patients to physicians is 1 doctor to every 100 patients and 1 nurse to every 37 patients, and the total amount of doctors and nurses on that date was 13 doctors and 40 nurses with 122 attendants working in the hospital and the Army has assigned attendants to bring around the total of 240 attendants in the entire hospital. In comparison to that of the State, county, and municipal institutions, the average is about equal.

20. Answer. During our tour of inspection, it was noticed that although the beds were approximately 2 feet apart, that it does not seem that they were too crowded, inasmuch as the recreational rooms in every ward carry sufficient floor space, and adequate ventilation in every ward.

21. Answer. We did not have any complaints regarding the discipline and the morale from the patients regarding the hospital personnel.

22. Answer. At the present writing, there is in the course of construction an additional 500 beds, which will cover adequate hospitalization for veterans from this area for approximately 2 years, as advised by the manager. It is my belief, through my experience in handling claims, that at the termination of 2 years, 1,000 more beds should be available.

23. Answer. The manager advised us that less than 1 percent of the patients leave the hospital against medical advice, and the largest amount of this percentage are those who are not committed and their next of kin insists that they be discharged into their custody.

24. Answer. No; as the Veterans' Administration at the present time in various hospitals have arranged for cadet nurses to enter training in these facilities of which Canandaigua has quite a staff and did not need a staff-aide program of Wacs to assist them.

25. Answer. Does not apply, inasmuch as this is a mental hospital.

26. Answer. No; as they are all informed of their condition and advised what further treatment they should follow upon being discharged from this hospital. Most generally, the next of kin or immediate family are contacted and informed just what to do to make the patient useful when he returns home.

27. Answer. During my 10 years of employment with the VFW, I have been particularly interested in observing the amount of paper work that the doctors and nurses are required to do in the facilities. It is reasonable to assume that this is necessary, but clerks could be hired for a much less amount of money to take care of this paper work, which would release the professional people, such as doctors and nurses, for their work that they are employed to do, and I further believe that when a veteran is brought in for a period of hospitalization immediate steps should be taken to render to them the service that they made application for. In other words, if a man applies for an operation for hernia, it takes from approximately 6 to 10 days for routine examinations before the patient is sent for surgical service. The same applies practically in all cases, especially in general medical hospitals, where the routine is too long, the patient becomes discouraged, because the majority of them have jobs that they wish to return to and families to support and long periods of hospitalization are very discouraging to the majority of veterans. We have constantly coming to our office patients who make the statement that they wish they had gone to their own physician and entered a hospital for an operation, as the period of hospitalization would only be from 1 to 2 weeks, and they are hospitalized at the Veterans' Administration from 6 to 8 weeks.

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INVESTIGATION OF THE VETERANS' ADMINISTRATION, BATH, N. Y., ON APRIL 23  
AND 24, 1945

(Conducted by Fred J. Hollenbeck, department service officer, Department of New York Veterans of Foreign Wars, and James A. Porcari, director, Monroe County Service Bureau, Rochester, N. Y.)

1. Answer. No.

2. Answer. Not necessary.

3. Answer. It is my belief that the treatment at this facility is far more excellent than those maintained by the State, county, and municipal institutions in the same area.

4. Answer. Yes.

5. Answer. No.

6. Answer. The chief medical officer, Dr. Roy A. Woodward, went into this discussion quite lengthily, and it is his belief that the manager and himself have sufficient authorization and latitude to employ all necessary and competent doctors, nurses, and attendants.

7. Answer. Yes.

8. Answer. We ate dinner both on April 23 and April 24, one in the general mess hall in the domiciliary barracks and one in the hospital. They were both of fine quality, quantity, well prepared, tasty. We contacted every patient in the hospital that was available, and there was no complaint whatsoever regarding the food.

9. Answer. We could not find any specific case of alleged abuse or neglect of the patients during our conversation with the patients on these 2 days, April 23 and 24. For your information, I have contacted the Bath Facility on and off once a month for a period of 7 years, and I have never had any complaint relative to any neglect or abuse of the patients in the hospital.

10. Answer. Very much so.

11. Answer. Yes.

12. Answer. Yes. The same answer applies to this hospital as at the Canandaigua Facility to this question.



13. Answer. As I heretofore stated on my report of the Canandaigua Facility regarding the periods of hospitalization, I believe in the majority of cases these periods are too long and not too brief.

14. Answer. Yes. Question 27 of my report on the Canandaigua Facility also applies to the Bath Facility.

15. Answer. Excellent.

16. Answer. Yes.

17. Answer. Yes. Bus service goes by the hospital at least every half hour from early in the morning to late at night.

18. Answer. According to the small amount of patients that are in the hospital, the present set-up is probably satisfactory. But under the circumstances, a place the size of the Veterans' Administration Facility at Bath, where the hospital capacity is approximately 420 beds with 1,500 domiciliary beds, with one building of paralytics, a large majority of which are practically confined to quarters, I believe that some kind of Contact service should be given to these veterans where it would not be necessary for them to walk approximately a half a mile to get service from the contact man.

19. Answer. We were informed that the ratio of doctors, nurses, and attendants at Bath is even better than that of the State, county, and municipal institutions of that area. For 281 patients they have 14 doctors, 38½ nurses, 67 attendants, and 58 mess attendants. The only bad feature which was brought out at the time of our investigation was the fact that they had only one surgeon in the surgical service, but we were informed that a requisition had come in and they expected another surgeon momentarily. The surgeon informed us that it was more than he could handle and that something had to be done soon as he was at the breaking point with the amount of work that faced him daily. The same condition appeared here as under paragraph 27 of my Canandaigua report, in that the doctors are required to do a large amount of paper work.

20. Answer. The patients at this facility are not crowded, and there is sufficient floor space per patient.

21. Answer. The patients do not feel that the discipline and the morale of the hospital personnel is below the standard, and in our contacts with the hospital personnel, they had no complaints to make whatsoever.

22. Answer. It is my belief that within 3 years from the end of the war, it will be necessary to have double the capacity at the Bath Facility.

23. Answer. According to the records, there has been 1,716 patients from March 1, 1944, to March 1, 1945, in the hospital. With 57 patients leaving against medical advice, and eight-tenths of 1 percent leaving a. w. o. l. It seems that the majority of them leave a. m. a. and a. w. o. l. due to their home conditions, and then again the majority of them are old chronic cases where it is necessary to have continuous hospitalization, consequently they leave against medical advice.

24. Answer. It was the opinion of the chief medical officer that his staff can adequately take care of any situation that arises, and that it will not be necessary to have the staff-aide program of the WACs.

25. Answer. Information not available.

26. Answer. When the patients are about to be discharged from the hospital they are brought before a board which is known as the discharge board, at which time they are advised as to their physical condition, and informed of future treatment that they should have upon being discharged from the hospital.

27. Answer. The same as suggested in my report of the Canandaigua Facility.

*Veterans' Administration facility, Bath, N. Y., domiciliary menu for the week ending April 28, 1945*

SUNDAY, APRIL 22, 1945

SUNDAY, APRIL 22, 1945—continued

Breakfast :

Stewed prunes.  
Oatmeal.  
French toast, jam.  
Sirup, bread, butter.  
Coffee, milk, cream.

Dinner :

Chicken a la king, tea biscuits.  
Mashed potatoes, buttered peas.  
Cabbage salad.  
Fruited Jello.  
Bread, butter.  
Coffee, cream.

*Veterans' Administration facility, Bath, N. Y., domiciliary menu for the week ending April 28, 1945—Continued*

SUNDAY, APRIL 22, 1945—continued

Supper:

Chicken rice soup.  
Potato and egg salad.  
Cottage cheese, dill pickles.  
Cherry jam, graham crackers.  
Bread, butter.  
Tea.

MONDAY, APRIL 23, 1945

Breakfast:

Applesauce.  
Corn flakes.  
Egg omelet with bacon.  
Toast, bread, butter.  
Coffee, milk, cream.

Dinner:

Franks.  
Potatoes.  
Cream cabbage.  
Chocolate ice cream.  
Bread, butter.  
Coffee, cream.

Supper:

Baked hash.  
Buttered carrots.  
Pickled beets, stewed prunes.  
Plain cake.  
Bread, butter.  
Coffee, cream.

TUESDAY, APRIL 24, 1945

Breakfast:

Stewed apricots.  
Cream of wheat.  
Griddle cakes.  
Sirup, bread, butter.  
Coffee, milk, cream.

Dinner:

Roast pork loins, gravy.  
Mashed potatoes, sage dressing.  
Cabbage salad.  
Rice pudding.  
Bread, butter.  
Coffee, cream.

Supper:

Spaghetti with sauce.  
Steamed rice.  
Vegetable salad, grape jelly.  
Oatmeal cookies.  
Bread, butter.  
Coffee, cream.

WEDNESDAY, APRIL 25, 1945

Breakfast:

Stewed prunes.  
Oatmeal.  
Doughnuts, jelly.  
Toast, bread, butter.  
Coffee, milk, cream.

WEDNESDAY, APRIL 25, 1945—continued

Dinner:

Beef stew with vegetables.  
Tea biscuits, spinach.  
Dill pickles.  
Cottage pudding with sauce.  
Bread, butter.  
Coffee, cream.

Supper:

Baked macaroni with cheese.  
Stewed tomatoes.  
Pickled beets.  
Apricot jam.  
Bread, butter.  
Coffee, cream.

THURSDAY, APRIL 26, 1945

Breakfast:

Apple sauce.  
Corn flakes.  
Grilled bacon, jelly.  
Toast, bread, butter.  
Coffee, milk, cream.

Dinner:

Soup.  
Beans.  
Cabbage salad, tomatoes.  
Caramel pudding.  
Bread, butter.  
Coffee, cream.

Supper:

Sliced bologna.  
Hash brown potatoes.  
Cabbage salad, apple sauce.  
Raisin cookies.  
Bread, butter.  
Coffee, cream.

FRIDAY, APRIL 27, 1945

Breakfast:

Assorted fruits.  
Oatmeal.  
Soft-cooked eggs.  
Toast, bread, butter.  
Coffee, milk, cream.

Dinner:

Codfish cakes, tartar sauce.  
Mashed potatoes, lima beans.  
Sweet relish.  
Lemon pudding.  
Bread, butter.  
Coffee, cream.

Supper:

Welch rarebit, toast.  
Potato salad.  
Lettuce with dressing.  
Jelly cake.  
Bread, butter.  
Coffee, cream.

*Veterans' Administration facility, Bath, N. Y., domiciliary menu for the week ending April 28, 1945—Continued*

SATURDAY, APRIL 28, 1945

SATURDAY, APRIL 28, 1945—continued

## Breakfast:

Stewed prunes.  
 Bran flakes.  
 Creamed chipped beef.  
 Toast, bread, butter.  
 Coffee, milk, cream.

## Dinner:

Beef with noodles.  
 Brown potatoes.  
 Peas and carrots.  
 Rice pudding.  
 Bread, butter.  
 Coffee, cream.

## Supper:

Baked beans with pork.  
 Braised carrots.  
 Cabbage salad, grape jelly.  
 Graham crackers.  
 Bread, butter.  
 Coffee, cream.

## Approved:

C. A. KOHNKEN,  
*Commissary Officer.*  
 ROY WOODWARD,  
*Chief Medical Officer.*

JOHN A. HADLEY,  
*Manager.*

## REPORT OF VETERANS' ADMINISTRATION HOSPITAL, BATAVIA, N. Y.

## ANSWERS TO LIST OF QUESTIONS SUBMITTED

1. Answer. About the only complaints of a specific nature are registered by veterans having ailments of many years' duration. These men feel they are mistreated if the doctors do not stop and investigate their every pain and ache. Generally speaking, the patients report that the service rendered is satisfactory.

2. Answer. In cases of specific complaints which have been reported to the chief medical officer there has always been manifest ready cooperation to alleviate or remedy the conditions.

3. Answer. In this area the Veterans' Administration hospital standards of treatment are about on a par with the treatment given in similar county and municipal hospitals. It is felt, however, that treatment equipment is not up to the very latest standards in VA hospitals as compared to the aforementioned institutions. This feature directly affects the quality of service rendered.

4. Answer. I feel that the manager and chief medical officer in the administration of their jobs could use considerably more latitude but they are held back by regulations. However, I do not believe they care for more latitude, and they use regulations as a convenient "out" on specific occasions. It is easy to predict what would happen to a manager or chief medical officer who would attempt to run a Veterans' Administration hospital as he saw fit even though operated in a more efficient manner than permitted under regulations.

5. Answer. It is felt that the management of Veterans' Administration hospitals is stymied by regulations although it is appreciated that such institutions must be operated on some standardized basis. It is felt, however, that certain regulations should be written on a broader basis or should be more specific. Especially should the officer of day be given more leeway in acceptance of patients requiring treatment after regular day-shift hours. The chief medical officer interprets regulations in some instances to suit his own whims, for instance, the accepting of patients requiring emergency treatment. Instances occur where a veteran comes to hospital under the impression that he can enter immediately. The man is often in such condition that he should have more or less immediate attention but because he doesn't look too sick and is ambulant he is sent home and told he will be notified when to come in as a patient. He may not be sent notice for a month.

6. Answer. The manager or chief medical officer have very little to say as to competency or experience of doctors sent them. They have to take "pot luck." After years of experience in contact with Veterans' Administration doctors the conclusion is reached that these men are just starting out or they are doctors who have attempted private practice without success. The surgical doctors,



however, are about equivalent to comparable surgeons in private practice. The specialist doctors, in general, leave a lot to be desired, or if they have the ability they do not seem to "bear down" on examinations.

The management appears to have sufficient latitude in the employment of nurses and attendants. If the pay permitted under regulations was appreciably higher they would not have their present difficulties in securing necessary help.

7. Answer. The medical staff hold weekly meetings to discuss specific cases and to listen to the policy of chief medical officer. There are no meetings held to listen to talks on the latest up-to-the-minute medical practices given by outstanding recognized medical men. There is no medical research work carried on at this station nor provisions made for carrying on such work. In my humble opinion I believe that if central office authority would provide and encourage research and up-to-the-minute talks it would redound in better and more efficient treatment to the patients. Under the present set-up Veterans' Administration doctors become clock-punching employees and settle in a rut. There isn't the incentive or desire to keep on their toes that obtains in private practice. I sincerely believe that the quality of medical service in Veterans' Administration hospitals could be greatly improved through the medium of increased salary for exceptionally meritorious work.

8. Answer. There is no appreciable complaints on the variety, quality, or quantity of foods served at meals at this Veterans' Administration hospital. The meals are well-balanced and served in the proper atmosphere. A goodly number of the personnel eat lunch daily at the patients' mess.

9. Answer. I am unable to point to any specific cases of neglect or abuse of patients.

10. Answer. There are ample facilities provided at this station for recreation of the patients in the form of a building and theater. The different forms of recreation provided, however, are very limited in scope. Reading, writing letters, listening to radio, and movies with an occasional outside home talent play put on by posts or auxiliaries. The present recreational aide is an elderly woman about 2 years away from retirement. There should be a younger person in this job and preferably a man, with card tournaments and a pool table or two plus some out-of-doors light sports.

11. Answer. The push-cart canteen is not very satisfactory and is operated on too picayune a basis. Not much variety of materials is provided but the prices charged are reasonable.

12. Answer. The present medical equipment in this hospital might pass as satisfactory but it is old and patched up and not comparable to equipment provided in local city hospitals. The blame for not keeping the equipment up to date, I believe, lies between the chief medical officer and central office. The staff doctors are no better in their over-all results than the class of equipment with which they have to work. The latest types of equipment one reads about is never in evidence here until it becomes in very common usage.

13. Answer. The periods of hospitalization are, generally speaking, sufficiently long, too long in the receiving ward. Ample time is allowed for the more severe cases to get well.

14. Answer. In general, patients feel they are required to remain in the receiving ward too long a time, and I concur in this opinion. I appreciate it requires a certain length to properly diagnose a case and settle upon method of treatment. I do feel, however, that if the doctors would get on their toes and follow the cases more closely they could cut the time spent in receiving ward by about a week on the average.

15. Answer. Cleanliness and neatness as practiced in this Veterans' Administration hospital inside the buildings and around the spacious grounds leaves nothing to be desired.

16. Answer. The discipline and morale of the patients in this hospital are very good. However, it must be appreciated that about 90 percent of the patients have never been under treatment in other than a Veterans' Administration hospital, hence are not as critical. They are worry free as far as building up a large hospital bill is concerned.

17. Answer. Transportation facilities to and from Batavia, N. Y., are very satisfactory and ample. The main lines of the New York Central and Lehigh Valley Railroads pass through the city, and the Delaware & Lackawanna Railroad is slightly south of the city. Greyhound bus lines pass through the city, and the Blue bus lines render hourly service with Rochester and Buffalo. Batavia City bus lines operate on a half-hour schedule between facility and center of city.

18. Answer. The contact service rendered here at hospital is considered satisfactory, insofar as they are permitted under regulations by DAV.

19. Answer. The ratio of patients to full-time physicians and surgeons, nurses, and attendants in this veterans' hospital is ample as compared to similar county and municipal hospitals in this area.

20. Answer. Up until a few days ago the ward beds were placed 5½ feet from center line of bed to center line of next bed. I never heard any complaints regarding their being too crowded. Additional wards have been recently opened that had been closed for some time.

21. Answer. According to reports from patients they feel that the nurses are doing a good job although they are compelled to keep up a multiplicity of daily reports which require a lot of time. The women attendants, temporary appointees due to manpower shortage, are doing a good job and should be retained after the war.

The doctors in general are not overworking themselves and are inclined to slight their work especially during their daily contacts with their patients. I feel that if some of these younger doctors in uniform could be exchanged for doctors in active service it would be of great benefit to all concerned.

22. Answer. It is felt that the number of beds should be increased to 1,200 in this area, i. e., an increase of 900 over present capacity of 300.

23. Answer. About 1 patient in 300 leaves the hospital against medical advice. These men are practically all World War II veterans who receive their discharge from service upon their arrival here and if they are ambulant they want to get home.

24. Answer. I feel that cadet nurses would be of greater help to regular nurses than Waacs trained in hospital routine. The Waacs would not have the same incentive to render good service that would be manifest with cadet nurses.

25. Answer. I have never known of a case of a patient, without dependents, leaving hospital against medical advice due to their pension being reduced while being hospitalized.

26. Answer. Patients, upon being discharged from this hospital, are told practically nothing about their physical condition or the doctors' findings. If the man's condition is service-connected he is told in case of future trouble to get in touch with a certain fee-basis doctor in their vicinity. This doctor will then have to apply to this station for authorization to treat the veteran. If the man's condition necessitates treatment by a specialist 10 to 1 the veteran will have to pay the shot himself.

27. Answer. The only general suggestion I would offer is that I feel that the crux of the whole situation rests with medical director in central office and that this man should be some outstanding, experienced, highly capable medical man. Such a man should be given unbridled authority in all matters pertaining to treatment of veteran patients.

Respectfully submitted.

WM. H. STEVENS,  
*National Service Officer.*

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DISABLED AMERICAN VETERANS,  
DEPARTMENT OF NEW YORK,  
Buffalo 2, N. Y.

From: Gilbert R. Sharp, National Finance Committeeman.

To: Milton D. Cohn, National Commander.

Subject: Inspection of United States Veterans' Facility at Bath, N. Y., April 19, 1945.

Capacity: Hospital, 428; domiciliary, 1,479.

Inmates this date: Hospital, 294; domiciliary, 1,137.

1. Answer. No.
2. Answer. None reported.
3. Answer. Superior.
4. Answer. Yes.
5. Answer. No restrictions.
6. Answer. Yes.
7. Answer. Yes.
8. Answer. No complaint.
9. Answer. No.

10. Answer. No. Studies being made by the manager and staff. There should be some recreational building to permit light exercise such as shuffleboard. Furthermore a building large enough so that movies, boxing, or basketball games could be witnessed by majority of patients or inmates. The present auditorium for movies seats about 150 and is far too small.

11. Answer. Not satisfactory. Open for bids for new management to take over July 1, 1945. Prices charged at present O. K.

12. Answer. Yes.

13. Answer. Proper.

14. Answer. Complete examination within 24 hours.

15. Answer. Grounds are beautiful. New hospital building but buildings of domiciliary are ancient and not strictly fireproof. All buildings, however, maintained in a clean and neat manner.

16. Answer. Yes.

17. Answer. Yes. Bus service on half-hour schedule at 10 cents. Patients are met at the train, either ambulance or station wagon.

18. Answer. Full-time contact man (John F. McPeak) is employed. The DAV should have a semi-monthly visit by its rehabilitation officer at Batavia. The organization would profit in the matter of membership if a full-time rehabilitation man could be assigned to Bath.

19. Answer. Detailed information as to the staff is presented:

Physicians:

Authorized, 16; on duty, 14.

Dentists:

Authorized, 3; on duty, 3.

Nurses:

Authorized, 49; on duty, 38.

Attendants:

Hospital, 72; on duty, 68.

Mess: Authorized, 47; on duty, 38.

20. Answer. No. Vacant beds in both hospital and home.

21. Answer. Good.

22. Answer. No recommendation.

23. Answer. 1,716 patients discharged from March 1, 1944, to February 28, 1945; 13 of these discharged a. w. o. l., or 0.008 percent; 57 of these discharged against medical advice or 0.033 percent.

24. Answer. Any service trained in hospital routine to help nurses would be valuable.

25. Answer. Negligible.

26. Answer. No.

27. Answer. High standard.

#### COMMENT

The buildings comprising the domiciliary were erected in 1877. A recreational building with seating capacity of at least 1,200 should be erected, followed by a nurses' home and new barracks.

Respectfully submitted.

GILBERT R. SHARP,  
*National Finance Committeeman.*

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DISABLED AMERICAN VETERANS,  
*New York 11, N. Y., April 19, 1945.*

#### REPORT OF INSPECTION, BRONX HOSPITAL UNDER MANAGEMENT OF COLONEL COOK

On Thursday, April 19, 1945, we visited the Veterans' Administration facility located at 130 West Kingsbridge Road, Bronx 63, New York. The manager, being unaware of our visit, was visiting the manager with the head of the orthopedic shop at the downtown regional office. The Bronx Facility can easily be reached by all subways and is within walking distance from the subway stations.

Our investigation disclosed the following:



1. The out-patient department where claimants wait to be called for their examinations and other out-patient treatment, is definitely inadequate. There is a shortage of medical examiners and more examiners are needed. It is strongly recommended that the out-patient department be moved from this facility to the New York regional office and more space allocated to it.

2. There is entirely too much paper work to be done in connection with examinations and at the present time we learned that there are about 11,000 claimants waiting to be called in for examinations.

Most of the examinations being called for include NP. At the present time with the large case load, this facility has only one more NP examiner than it had in for World War I claimants. Few of the men we spoke to, we found, did not get a meal ticket at mealtime, who were called in from out of town for examination purposes.

3. The canteen is operated by a veteran of World War I. Cigarette prices are standard, 17 cents all brands. Shaving cream, candy, cakes, cigars, toilet articles, handkerchiefs, socks, soap, shoe polish, smoking tobacco are all sold at regular prices within range of other selling prices in other local stores and the canteen is operated in a very orderly manner.

4. The dental department consists of six dental chairs and a dental laboratory. The dental department was in a neat and clean condition. This facility does dental work for 5 States and 21 facilities.

The bakery was immaculate and in good order and the floors were spotless. We tasted the ice cream, food that was being prepared, and it was as good as any that can be obtained on the outside, under present conditions. The meat boxes contained all good sides of fresh beef and of the finest grade and quality. There was plenty of lamb, fowl, beef, ham, and bacon. The butter room was well stocked and the butter was of good grade. The vegetable ice boxes contained a good stock of vegetables, and a quality of tomatoes that could not be purchased on the outside.

5. There were no complaints from the patients as to treatment or the quality of the food served them, but it is the same cry of the food not being well prepared. This can be expected in view of the fact that by the time bed patients receive their food they probably let it lay around on the tray before they decide to eat it, but all in all it was found that the food was edible.

There are about 350 enlisted personnel attached to the hospital in addition to the regular personnel. Some of these enlisted men have had combat service and some were wounded. All are permitted to work in the wards. The enlisted personnel are all white.

6. After a complete investigation of all the buildings we found everything clean and in order. No complaints; the floors, ceilings, and walls were very clean. The patients were as comfortable as could be expected. The civilian personnel have no complaints. They are not working under any hardship and they get along nicely with the manager, Colonel Cooke. The grounds are kept beautiful, the shrubbery neatly arranged, and no refuse of any kind is on the grounds. The grounds are well kept and properly policed.

7. The chapels used for funerals are very spacious and have wonderful accommodations for the families of the deceased. Arrangements can be made for services for all denominations and faiths.

8. The recreation hall is inadequate for the size of this facility.

9. We recommend that the elevators in buildings B, C, E, and F should be repaired or changed.

10. We recommend that the occupation therapy although new should be expanded and some improvements be made.

All in all, this Bronx Facility is doing as good a job as it possibly can under present conditions. There are absolutely no complaints from patients or personnel relative to treatment, food, or abuse of any kind whatsoever.

Respectfully submitted.

ABRAHAM JANKO,  
JOHN F. VICAT,  
*Hospital Committee.*

## REPORT ON VETERANS' ADMINISTRATION HOSPITAL AT CANANDAIGUA, N. Y.

## ANSWERS TO QUESTIONS SUBMITTED

1. Answer. It was practically impossible to elicit any appreciable complaints from any of the 1,400 patients. This is an NP hospital and the comparatively few minor complaints speak volumes for the treatment.

2. Answer. None to remedy.

3. Answer. The standards of treatment in this veterans' hospital are on a considerably higher plane than those that obtain in similar State institutions. The patients are not so closely restrained and are permitted and encouraged to follow any harmless whims. They are given more close study individually by staff doctors and are in every sense treated more considerably.

4. Answer. The manager advised that he was not stifled nor limited by regulations to the point which prevented efficient operation of the institution. In cases of close restriction by regulations he used his best judgment in the interests of the patients and sometimes overstepped bounds, but as yet has never been censured.

5. Answer. The manager of the hospital advised that regulations stipulate that white tablecloths shall be used in the dining rooms. These constitute an unsanitary condition when used with patients of NP types. They spill their food and drinks, which would require clean cloths would have to be used for each meal. The manager contends, justifiably, that highly polished tables are a lot more sanitary and far easier to keep clean.

6. Answer. The manager does not have sufficient latitude in procuring new doctors. He has to be content with the men sent him, and it is not an easy procedure to transfer these men in case they do not prove satisfactory. In the matter of hiring new nurses and attendants there is sufficient latitude in normal times.

7. Answer. The Veterans' Administration do not give any appreciable support or encouragement in the matter of research, provision of medical speakers, forums, etc., to keep the doctors up to the minute on the latest medical practices. I feel that the least could be done by Veterans' Administration is to pay the manager's expenses while in attendance at national medical meetings.

8. Answer. The quality, quantity, variety, and preparation of food as served at this particular hospital is the very best. There were no complaints on part of patients but rather there was considerable praise.

9. Answer. It was impossible to locate any cases of specific abuse or real complaints pertaining to the patients.

10. Answer. The recreational facilities at this hospital are very complete and diversified. The following activities are provided: Bowling, table pool, swimming, volley ball, tennis, baseball, and many other lesser sports. They have an adequate library and reading room. They have a theater with removable seats that is also used for dancing. They have movies twice a week.

11. Answer. There is no canteen but rather the patients' desires are ascertained and merchandise is ordered through supply officer. I feel that a canteen would be of advantage here with the operator contacting the patients under the scrutiny of ward nurse.

12. Answer. The medical equipment and clinical arrangements are in my nonmedical opinion very complete and satisfactory. The manager suggested that he could obtain any new equipment he felt there was need for without any trouble.

13. Answer. I would say that the periods of hospitalization were entirely in keeping with each patient's disability. They are discharged when the medical staff feel their condition warrants same.

14. Answer. The matter of receiving ward length of stay depends entirely upon the time required to obtain a full diagnosis of each patient's condition.

15. Answer. The entire institution inside and out was in the highest condition of cleanliness and order. Everything, even to patients' personal cupboards, are kept in beautiful condition. Even the patients' clothes are covered to protect them from dust, and no dust. The entire outfit is 100 percent plus.

16. Answer. The discipline and morale of the patients was of the very highest without any rough stuff. Watching the men in the 750-man mess during mealtime was a very convincing thing regarding discipline. Absolute harmony between staff and patients exists.

17. Answer. The transportation between hospital and town is very poor. There is no established bus system and taxi service is hit and miss. The hospital is a good half-mile from Main Street and about  $1\frac{1}{2}$  miles from center of Canandaigua.

18. Answer. The contact service is considered entirely satisfactory by DAV.

19. Answer. The ratio of patients to doctors, nurses, and attendants is 1 doctor to 100 patients, 1 nurse to 30 patients, and 1 attendant to every 6 patients. This ratio is higher than that which obtains in comparable State institutions.

20. Answer. The patients have sufficient air and physical space per bed and are not crowded. The air ventilation of the rooms is very good. The total cubic feet of air space per bed including the corridor space is 833.

21. Answer. The patients did not have any kicks on the hospital personnel other than they, the patients, would contact the manager to get out of there. These latter types of patients are of the class with only slight mental troubles.

22. Answer. The manager would not predict future bed needs beyond the present construction which will give them 1,900 beds.

23. Answer. Practically no patients leave the hospital against medical advice.

24. Answer. Regarding the use of Wacs trained in hospital routine as assistants to nurse staff, the manager prefers cadet nurses. I feel that Wacs trained in ward paper-work routine to relieve nurses and doctors of their very extensive mandatory office duties and multiplicity of reports would be of real assistance. They would relieve doctors and nurses for their more important duties of tending to the patients.

25. Answer. No patients leave the hospital against medical advice on account of their pension being cut while being hospitalized.

26. Answer. When patients are discharged into the custody of their families these people are advised as to proper procedure in case of reactions.

27. Answer. This NP veterans' hospital at Canandaigua, N. Y., under the very able and efficient management of Dr. Hans Hanson, is an institution of which the veterans should be very proud. The patients are treated with every possible consideration and are given kindly treatment. This institution is engaged in the very important rehabilitation work of rebuilding all types of mental disorder cases, and it is doing a very superior job.

I feel out of justice to the Veterans' Administration and to restore any shaken faith in the Veterans' Administration brought about by unjust criticism contained in recently published articles that the writer of such articles should be thoroughly investigated as to his status as an American citizen.

Respectfully submitted.

WM. H. STEVENS,  
*National Service Officer.*

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DISABLED AMERICAN VETERANS,  
*New York 11, N. Y., April 3, 1945.*

REPORT OF INSPECTION, CASTLE POINT FACILITY, UNDER MANAGEMENT OF  
COL. CARLTON BATES

The Castle Point Facility is located approximately 60 miles north of New York City and can easily be reached by the New York Central Railroad to Beacon, N. Y. From Beacon, there is a 5-mile ride by taxi to the facility, which is located on top of the mountain overlooking the valley facing the Hudson River.

This is in reply to your inquiries in accordance with your inquiries.

1. Answer. Many patients, both bed patients and patients that have the use of the grounds, were questioned. There were no complaints whatsoever as to the medical treatment.

2. Answer. If there has been any previous complaint as to medical treatment, the corrections have taken place.

3. Answer. The opinion is that the treatment rendered to the patients, both colored and white, at the Castle Point Facility is as good and, in some instances, better than can be obtained in any county or State hospital.

4. Answer. The manager, medical officers, and clinical director feel that they have plenty authority to run the hospital as efficiently as they desire, taking into



consideration that help is very hard to get and the city and county hospitals face the same situation. There is good coordination insofar as we observed between all employees and the management.

5. Answer. It is our opinion that the Veterans' Administration has too much paper work to be done, and most of this paper work can be eliminated to make service more effective and efficient.

6. Answer. The manager has sufficient authority to keep on the job competent doctors, nurses, and attendants, and if it is found that some of the help is not up to standard he can recommend dismissal.

7. Answer. The facility does do some research but the facilities for research are not up to standard because they are short of physicians as well as staffs for such work. However, due staff meetings are held regularly.

8. Answer. The complaints as to the food are divided into two classes:

(a) The ambulant patient, whose food has to be served to him at his bedside, complains that the food is not properly prepared. It must be taken into consideration that some of these bed patients have been hospitalized for a number of years and griping must be expected. We tasted the food, observed the cooking, and on our visit to the hospital a mighty fine meal was served, consisting of lamb stew, vegetables, two glasses of milk, butter, bread, salad, and dessert.

(b) We spoke to patients that have use of the dining room, and they stated that the food is good, they get as much as they want, and there never was any food served that was not edible.

Inspections were made at the commissary, the kitchen, dining rooms, ice boxes, dishwashing equipment, food wagons, and the quality of food was excellent; preparation of the food was good; serving was orderly and the menus will be submitted showing the type of food previously prepared for patients. We saw excellent cuts of beef in the ice boxes, hams, chicken, bacon, lamb, pork, fresh and clean. The bakery shop was spotless. Our visit to the facility was not announced.

9. Answer. We did not observe or see any specific cases of alleged abuse or neglect of patients. We went through wards at our own free will without guidance of any of the hospital staff physicians and we questioned patients about the treatments and asked them to be frank and fair with us, and there was no complaint whatsoever.

10. Answer. The recreational facilities could be enlarged at Castle Point. We feel that they are at the present time a little overcrowded, and a new recreational building should be erected.

11. Answer. The canteen is clean, the kitchen clean, the fountain clean, and the food served there is wholesome. The prices are the same as one would find at any local town soda fountain. Cigarettes are 18 cents; chocolate bars, 5 cents, and the very large bars are 15 cents; steak, \$1; pork chops, 65 cents; large glass of coca-cola, 10 cents; shaving utilities, lotions, and soaps are sold at the same prices as they are in local drug stores.

12. Answer. As laymen, we would say that medical equipment and clinical arrangements are satisfactory.

13. Answer. Periods of hospitalization are not too long. A patient is kept there sufficient time to fully recover and until his tuberculosis condition becomes completely arrested. After being given the proper tests such as hiking and laboratory tests, and findings are satisfactory to the physician, then, and only then, is the patient released from this facility.

14. Answer. The patients are not required to remain in the receiving ward any longer than necessary. If an emergency exists, he is cleared through the receiving ward in as quick a time as possible.

15. Answer. The grounds are beautifully kept; landscaping is of the best; the natural scenery is excellent, and the buildings are maintained properly and clean. Patients have use of the ground and are not restricted. They are given passes to go to the village and back.

16. Answer. We found the discipline of the hospital to be good. Dr. Bates is very friendly with most all of the patients and he seems to know the great majority of those we visited and they seemed to know him, particularly the colored patients hold a high regard for him. There is, of course, some griping among the patients but this must be expected because of the fact that these men have been hospitalized for some period of time.

17. Answer. The transportation facilities to the hospital from Beacon to Castle Point is adequate, although transportation is not provided by the Veterans' Administration. The service is rendered by private taxi owners. If a group go to the station, the fare is 35 cents each but if one goes to the facility the fare is \$1 each way. I have traveled personally by this bus line, which is about a 5-mile trip, and it is well worth a dollar, the fare being about the same as riding a taxi in New York.

18. Answer. We have not discussed the services rendered at Castle Point with Veterans of Foreign Wars.

19. Answer. We find that the State, county, and municipal institutions are all undermanned, the same as all other hospitals throughout the country. This is due to war help and defense plants.

20. Answer. The patients are a little crowded—no more than any other hospital either State, county, or municipal. Because of war conditions and the number of respiratory illnesses that are usually caused by war, a number of the outside solariums were converted into rooms for the patients but none of the effectiveness was lost in allowing sun porches for the patients. Additional wash basins have been added. The lavatory facilities are beautiful. The wards, as previously stated, are a little overcrowded at the present time. These conditions for this type of hospital should be remedied and construction of additional buildings should be made immediately.

21. Answer. We spoke personally to many of the civilian personnel of the hospital and the discipline and morale are good. Everyone feels that they have a job to do and it is done properly.

22. Answer. At the present time there are approximately 635 patients in the Castle Point facility, and it is heartily recommended that immediate preparations be made for at least 1,000 to 1,200 more beds; that a new recreational building be built in conjunction and that a tuberculosis hospital of about 1,200 to 1,800 beds be made available outside of Westchester County for the New York area. The tuberculosis hospitals we now have in New York State will not be sufficient to carry the hospital load at the conclusion of the war. The air in Westchester County is just as good as it is around Beacon, N. Y.

23. Answer. The percentage of patients that are leaving the hospital against medical advice or a. w. o. l. is very small. We have spoken to some of them who have taken a. w. o. l. in the past, and the usual answer is that it is done because they are tired of being in a hospital.

24. Answer. We wholeheartedly recommend the use of Wacs trained in hospital routine to relieve the nurse shortage. Such a program would be welcome in all facilities.

25. Answer. There are a few patients who leave the hospital because their compensation or pension is reduced, and we feel that an adequate law should be passed to pay these patients full amount of compensation or pension.

26. Answer. If a patient is of sound mind and he asked his physician relative to his health, we find that the doctor usually informs him, unless it is found that such information would be of danger to the claimant's health.

27. Answer. In order to stop griping and complaints in Veterans' Administration hospitals, we recommend a training program be given these veterans and that they be afforded the opportunity of taking a correspondence course in accordance with their liking. A patient has too much time on his hands to sit around and think of things to come. He sees the same faces for months, and if he is given occupational therapy and a correspondence course of some kind, we believe that the patient would become a better patient and more susceptible to a quick recovery.

Respectfully submitted.

ABRAHAM JANKO,  
JOHN F. VICAT,  
*Hospital Committee.*

VETERANS' ADMINISTRATION,  
Castle Point, N. Y., April 4, 1945.

Mr. ABRAHAM JANKO,  
National Service Officer, Disabled American Veterans,  
New York, N. Y.

MY DEAR MR. JANKO: In accordance with your request of April 3, there is submitted information relative to positions authorized for this facility, indicating also the vacancies as of today.

Total authorized positions	390	Mess attendants (53 filled, 8 vacant)	61
Manager	1	Stenographers, typists, and clerks assigned Clinical Records Section	8
Clinical director	1	Supply officer	1
Medical officers	18	Deputy supply officer	1
Consultant chest surgery	1	Clerks	4
Dentists	2	Storekeepers	2
Dental assistant	1	Warehouseman, laborer	1
Secretary to manager	1	Finance officer	1
Personnel Clerk	1	Assistant finance officer	1
Telephone operators	3	Agent cashier	1
Messenger	1	Utility officer	1
Chaplains	3	Engineers	2
Librarians	2	Secretary	1
Recreational aide	1	Firemen	7
Laboratorian in bacteriology	1	Plant and ice plant operators	5
Assistant laboratorian in bacteriology	1	Carpenters	2
Laboratorian in roentgenology	1	Painters	2
Pharmacist	2	Plumbers	3
Social workers (1 filled, 1 vacant)	2	Electricians	3
Aides, physical therapy (1 filled, 2 vacant)	3	General mechanic	1
Aides, occupational therapy (3 filled, 1 vacant)	4	Auto mechanic in charge	1
Nurses (62 filled, 11 vacant)	73	Auto mechanic helper	1
Hospital attendants (76 filled, 12 vacant)	88	Chauffeurs	3
Maids	5	Chief guard	1
Janitors	7	Guard-chauffeurs	6
Dietitians (3 filled, 1 vacant)	4	Laborers (14 filled, 2 vacant)	16
Cooks	8	Laundry superintendent	1
Baker	1	Laundryman	1
Meatcutter	1	Seamstress	1
Head waiters	2	Laundry helpers (11 filled, 1 vacant)	12
		Head gardener	1

If I can be of further service to you, please feel free to call upon me for any additional information you may desire.

Very truly yours,

CARLETON BATES,  
Colonel, Medical Corps,  
Manager.

DISABLED AMERICAN VETERANS,  
New York, N. Y., April 2, 1945.

REPORT OF INSPECTION, NORTHPORT VETERAN FACILITY, COL. LEWIS F. VEIDEL,  
COMMANDING OFFICER

Inspection started at 10 a. m. and concluded at 5 p. m.

1. Answer. Questioned about 40 patients on medical treatment. These patients were questioned apart from any member of hospital staff, and only those who were receiving liberties were interrogated. There was not one complaint on medical treatment or hospital care.

2. Answer. Medical staff, as well as the nursing staff, at this hospital regret their inability to render more individual attention to the patients. Summation report will carry thorough explanation.



3. Answer. On a standard with other mental institutions and, in some instances, much superior.

4. Answer. Yes; but they are operating under handicaps that are not productive of the desired results.

5. Answer. It is commonly known that the amount of paper work required by staff physicians takes up entirely too much time that otherwise might be devoted to administering to the needs of the patients. They are not restricted as to recommendations on individual cases but are encouraged to take special interest.

6. Answer. This question will be answered in general report.

7. Answer. Recommendations regarding the research department will be made in report attached. Clinical meetings, symposiums, medical lecture courses, etc., are limited, due to the heavy case load and the shortage of personnel.

8. Answer. None whatsoever of this facility. Inspection was made of the commissary, ice boxes, kitchens, dining rooms, food wagons, dish-washing equipment, etc. Quality of the food was excellent, preparation was good, serving of the food was orderly, and the menus attached attest to the variety. There is an 8-piece orchestra (composed of patients) which alternate between the two main dining rooms. This adds greatly to the morale of the patients, as well as of the employees. The patients are given additional servings of food if and when they finish the first helping. This procedure prevents waste.

9. Answer. There have been no specific cases of abuse or neglect, but the shortage of manpower in experienced attendants makes possible the assaulting of patients by patients.

10. Answer. Recreational facilities are adequate. Occupational-therapy center is on a high order of efficiency.

11. Answer. The concession is operated by a Mr. M. J. Hamilton, Sr. He has had this concession for 2 years, and the prices for all articles are in accordance with the rates set by the commanding officer. This cut has been about 50 percent of minimum requirements. To meet this situation he has stopped all sales to visitors and has rationed all civilian employees; in fact, does not sell the civilian employees any cigarettes or tobacco until the patients have been supplied.

12. Answer. There is only one artificial-fever apparatus in use. This is inadequate for a hospital of this size. Also, there could be constructed an animal house in conjunction with the research division. There is a lack of refrigeration units for the storing of biological supplies, etc.

13. Answer. Do not believe this question can be properly answered with respect to mental institutions.

14. Answer. Some method should be adopted that would permit the Veterans' Administration to receive direct commitments for veterans making it unnecessary for them to go through the procedure required by the State of New York law. As it is now, it is months oftentimes before a veteran gets through the municipal or county and State institutions before arriving at a veterans' facility.

15. Answer. The grounds and buildings are well maintained with one exception. The bakery shop has a series of ice-cream-freezing units that were leaking badly, which has caused water puddles to form continually. We were informed that there has been authorization for the pulling out of these old units and a new construction and renovation of this entire section was to take place in the near future.

16. Answer. Yes; more than satisfactory. Those patients, capable of thinking for themselves, seemed in high spirits and acted very friendly to the attendants and nurses in charge. They did not act subdued or in any way resentful of these investigators or the commanding officer on the tour of inspection.

17. Answer. There are several busses operated for the convenience of visitors and civilian personnel.

18. Answer. Believe question refers to Veterans' Administration, in which case the answer is "Yes."

19. Answer. Far below the ratio of any county, municipal or State institution.

20. Answer. Yes; for efficiency the patients are too crowded. A number of the solariums and exercise porches have been enclosed to make room for additional beds. This condition should be remedied immediately. Construction of additional buildings should be in operation to take care of anticipated increase in requirements.

21. Answer. Discipline of the personnel is exceptionally good, but the morale is low because the majority of the attendants and specialists have not received an

increase in pay for a number of years and they have all learned of former employees of the Veterans' Administration making high salaries in war industry. They know their pay is much lower than in private and State institutions for doing the same type of work. They contend they have been living on promises for the past 3 years. With all of this the officers in charge praise them for the good job they are doing.

22. Answer. It is recommended that a survey be started immediately to determine the advisability of construction of additional buildings to take care of at least 6,000 patients in this area.

23. Answer. Very few, this being a mental hospital.

24. Answer. No. The need is critical for additional trained nurses. All duties at an institution such as this are important duties.

25. Answer. This question has been answered under 23.

26. Answer. Some of the patients in restraining jackets naturally were complaining about this type of treatment, but in each instance it was found that the patient was either bent on self-destruction or self-disfigurement. It was amazing to find that among the twenty-eight-or-some-odd hundred patients there were but 11 under restraint.

27. Answer. The following report and recommendations are made in the hope that, in some way, a full and comprehensive release of information to the general public regarding the care of our veterans confined in Veterans' Administration psychopathic hospitals will be better understood.

This committee arrived unannounced at Northport Facility at 10 a. m., April 2, 1945. Identified ourselves to Col. Lewis F. Viedel, commanding officer, spoke with colonel about half an hour regarding the object of our visit and were informed by him we could inspect any part of the facility (with or without escort, as we saw fit). Asked the commanding officer about truck farming and the type of food grown. He stated that they had but 60 acres under cultivation but did grow a considerable amount of vegetables for the consumption of the patients and employees. The patients do the farming with the assistance of the agricultural employees who supervise and operate the machinery.

We then inspected the commissary and iceboxes. There were ample staples and meat on hand such as canned goods of all kinds, beef, lamb, smoked ham and bacon, turkey, and some fowl. Temperatures of all iceboxes were at proper degrees. Ice-making machines were operating. We were informed that the equipment is ample to meet all requirements of the institution.

Next we inspected the kitchen during the preparation of the midday meal. The main dish being prepared was chicken a la king on biscuits. This food was sampled and was of excellent quality. The bake shop was then inspected. This part of the establishment was in poor condition. There is a series of ice-cream-freezer units here that leak, which causes pools of water to form, this water being tracked into the floor dust causes an unsanitary and unsightly condition. The commanding officer informed us that it is planned to remodel this entire section.

We observed the food being placed in the heated metal carts for distribution to the dining halls and wards. Observed the serving of the midday meal to approximately 1,000 men in the 2 main dining halls. It was most orderly and well regulated. These men have their food served at tables covered with tablecloths on which is placed regular chinaware, knife, fork, and spoon, as all of them are able to take their own meals. The attendants continually move up and down the aisles, supplying additional food whenever requested, providing the first helping has been consumed. This was a most orderly run mess, and the patients all seemed to be in good spirit. There is an eight-piece patient orchestra that furnished music during these midday meals. The patients did not seem to object to these committee members asking questions, and they seemed to have a very friendly attitude toward the attendants and nurses, as well as the commanding officer, who accompanied us through this part of the inspection.

We then inspected a dining hall where some 250 patients had to be hand fed. This is accomplished by female attendants who stand in positions whereby they can take care of about 12.

Then proceeded to several wards, accompanied by the head attendant, and watched the feeding of the violent and destructive patients. Visited the exercise porches and sitting rooms. Wish to recommend that all through these buildings there be constructed inside screens or grille covers to prevent window breaking and the tossing of articles out of window.

Then we inspected the section that handled wet packing and temperature baths. There were a number of new arrivals who were taking these treatments, and all the committee members could do was to observe the efficient manner in which



these patients were handled. In questioning the enlisted personnel, of which there are 289 assigned, all of them state they do not like the assignment but realize that somebody has to take up the duties and are making the best of it. Most of them would relish reassignment but all claim they are interested in doing all they can for those who are more unfortunate than themselves.

There is an acute shortage of personnel at this facility, and among the attendants and physiotherapy employees, the morale is real low for these people, some of them there for as many as 20 years, have received no increase in base pay and they, these employees of the Veterans' Administration who left before the job freeze, are receiving larger salaries in war industries. This, coupled with the fact that people doing the same type of work in private and State institutions are receiving much higher wages.

The medical staff is far below number required, and it is recommended that paper work be cut to a minimum, particularly during these critical times, so as to permit the medical officers more time for necessary care of patients.

An illustration of undermanned and overworked conditions—a ward of 200 cases had but 1 doctor, 1 nurse, 9 civilian personnel and 8 enlisted personnel to care for their needs from 7 a. m. to 3:30 p. m. From 3:30 p. m. to 11 p. m., 1 nurse, 4 civilian personnel, 4 enlisted personnel take over an additional 2 wards, putting under their care approximately 60 patients. The officer of the day is the doctor in charge of this large number of patients who need constant attention. It is impossible for laymen, such as this committee, to understand such a deplorable condition, and it is strongly recommended that urgent action be taken to remedy it.

Again we repeat, we saw no abuse of patients, no waste of food. We had no complaints about food, and all we can do is highly recommend the staff and personnel of this hospital for the fine job they are doing with limited personnel.

The occupational-therapy and recreational centers are productive of good sound results.

The concession is operated by an outside contractor. The price lists are posted conspicuously and a check of such prices disclosed no overcharges. The Metropolitan Tobacco Co., which supplies this concessionaire, has cut the allotment by about 50 percent on all smoking items. This is working a hardship on the patients. The concession operator has not sold any cigarettes to visitors and does not sell any to employees until the patients have received their quota.

Respectfully submitted.

ABRAHAM JANKO,  
JOHN F. VICAT,  
*Hospital Committee.*

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DISABLED AMERICAN VETERANS,  
DEPARTMENT OF NEW YORK,  
Buffalo 2, N. Y.

From: Gilbert R. Sharp, national finance committeeman.

To: Milton D. Cohn, national commander.

Subject: Inspection of United States veterans' facility at Sunmount, N. Y., April 14, 1945.

Capacity, 589; number of patients, date of inspection, 556.

1. Answer. In general no complaints. I heard one man complain that there was not a thorough check following his surgical operation to determine the reason for constant loss of weight. Most of the patients felt that the staff was short-handed and doing as well as they could.

2. Answer. Action is taken on justifiable complaints.

3. Answer. As a layman I would say probably superior.

4. Answer. Yes; but the management must abide by regulations from Washington.

5. Answer. No. Regulations are result of experience.

6. Answer. No research or experimental work on veterans. They attend clinical meetings in the vicinity. Finest institutions for treatment of TB at Saranac Lake and Raybrook.

7. Answer. Use those assigned to the facility.

8. Answer. Some complaint as to the food as you might expect from old soldiers or men confined in a hospital for a long period of time. Taste varies. No complaint that food is served cold or inefficiently. I ate two meals and the same food served the patients and thought it was very good.

9. Answer. No.



10. Answer. Apparently. Movies four times a week; USO shows, stage shows frequently; games and movies in wards; 18-hole putting course and two croquet courses; softball, baseball games two or three times a week during summer.

11. Answer. Satisfactory.

12. Answer. Yes.

13. Answer. Yes.

14. Answer. No.

15. Answer. Outside very good. Attractive planting and lawns. At present everyone uses the back entrance. An entrance at the front has been closed for many years. The reason advanced is that use of this entrance would disturb the patients. A new entrance is contemplated. Some painting and plastering needed in the interior.

16. Answer. Yes.

17. Answer. The railroad station is about 3 miles from the facility. But service weekdays 20 cents but no service on Sundays. Taxi rate from station to facility is 75 cents. Ambulance with fine equipment and station wagon meet patients.

18. Answer. A DAV service officer should make semimonthly visits.

19. Answer. 589 capacity, 13 physicians, 2 dentists, 45 nurses, 55 hospital attendants, and 48 mess attendants.

20. Answer. Don't seem to be. Floor space 48 to 99 square feet.

21. Answer. Good.

22. Answer. No recommendation.

23. Answer. About 20 percent. One objection is financial—small compensation while patients. Others just lonesome.

24. Answer. Yes.

25. Answer. Hard to say. Estimate a large percentage.

26. No.

27. Answer. No recommendations as to all veteran facilities.

#### COMMENT

This facility is short of doctors and nurses. Most of the nurses are of the middle age or elderly classification and there were derisive remarks on that point. There is no therapy aide and no social workers.

Respectfully submitted.

GILBERT R. SHARP,  
*National Finance Committeeman.*

#### SEMIMONTHLY RECREATIONAL BULLETIN

*April 1945*

#### Tuesday 17:

Monthly meeting, Sunmount, DAV, Post, 7 p. m.

Mr. John G. Varhol, field director of the Veterans' Administration, American Red Cross, will be available for interviews from 10:30 a. m. until noon, recreation room.

#### Wednesday 18:

Movies, 7:30 p. m.

R-K-O.—Nevada. 62 minutes. Two cowboys, pursued by a gambler from whom they won \$7,000, meet in Gold Hill, where a man with an interest in a silver mine has just been murdered. One of the cowboys is at once accused of the murder. Bob Mitchum, Ann Jeffreys, Nancy Gates.

Vitagraph—Rhythm Rhumba.

#### Thursday 19:

Sunmount broadcast and quiz program, 9 a. m.

Bingo party, 7:30 p. m.

Sponsored by the Veterans' Administration.

#### Friday 20:

Movies, 7 p. m.

Fox—Winged Victory. 130 minutes. The story of six boys from different homes, who go to take their basic training in the Army Air Force. Leon McCallister, Edmund O'Brien, Jeanne Crain.

R-K-O.—News.

Fox—March of Time.

April 1945

## Sunday 22:

Movies, 7:30 p. m.

Universal—Can't Help Singing. 89 minute technicolor musical comedy, with Deanna Durbin and Robert Paige. Deanna plays the part of a Senator's daughter, who follows a young lieutenant to Washington but who, on the way, falls in love with a wealthy gambler.

R-K-O.—News.

## Tuesday 24:

Special film, Hollywood Canteen, 7 p. m.

Vitagraph—124-minute musical comedy with an all-star cast, including stars from other studios. The story is about a soldier, who has a short leave in Hollywood, and goes to the Hollywood Canteen, hoping that he will meet his favorite actress, Joan Leslie. Robert Hutton plays the part of the soldier. Among those in the cast are Eddie Cantor, Bette Davis, John Garfield.

R-K-O.—Saddle Starlets. Donated by the Royal P. Steinbacher Post, 617, American Legion, South Williamsport, Pa.

## Wednesday 26:

Movies, 7:30 p. m.

Vitagraph—The Very Thought of You. 99 minutes. Dennis Morgan, Eleanor Parker, Dane Clark and Faye Emerson in a film about a war marriage. The bride's family opposes the marriage because the eldest daughter is unhappily married to a sailor overseas.

R-K-O.—News.

## Thursday 26:

Sunmount broadcast and quiz program, 9 p. m.

Bingo party, 7:15 p. m.

Sponsored by the Benjamin Church Unit, 220, American Legion Auxiliary, Tupper Lake.

## Friday 27:

Movies, 7:30.

R-K-O.—Mlle. Fifi. 69-minute film based on a de Maupassant story about a patriotic French girl traveling in a coach with a group of aristocrats who at first scorn her but later persuade her to dine with a Prussian officer who has the power to let them leave the country. Simon Simone, John Emery, and Kurt Kreuger.

R-K-O.—Parallel skiing.

## Sunday 9:

Movies, 7:30 p. m.

Universal—Flesh and Fantasy. 93 minutes. A fantasia including three separate but related stories, one about a girl who is given a mask which makes her beautiful, another about a man who is told by a palm reader that he will commit a murder, and the third about a tight-rope walker who dreams that he will fall off the high wire. Charles Boyer, Edward G. Robinson, and Barbara Stanwyck.

R-K-O.—News.

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*Regular diet menu, Sunmount, N. Y., week of April 9-15, 1945*

MONDAY, APRIL 9, 1945

## Breakfast:

Stewed prunes.  
Cream of wheat.  
Any dry cereal.  
Fried eggs.  
Toast, butter.  
Coffee, milk.

## Dinner:

Soup and crackers.  
Roast veal and gravy.  
Crabapple jelly.  
Oven-browned potatoes.  
Bunch asparagus.

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MONDAY, APRIL 9, 1945—continued

## Dinner—Continued

Peach shortcake with cream.  
Bread, butter.  
Coffee, milk.

## Supper:

Soup and crackers.  
Welch rarebit on toast.  
Baked potato.  
Fruit cup.  
Lettuce salad, Thousand Island dressing.  
Nut cookies.  
Bread, butter.  
Cocoa, tea, milk.

*Regular diet menu, Sunmount, N. Y., week of April 9-15, 1945—Continued*

## TUESDAY, APRIL 10, 1945

## Breakfast:

Fresh grapefruit.  
Oatmeal.  
Any dry cereal.  
Hot cakes and sirup.  
Toast, butter.  
Coffee, milk.

## Dinner:

Soup and crackers.  
Broiled pork and gravy.  
Mashed potatoes, applesauce.  
Mashed squash.  
Raisin and rice pudding.  
Bread, butter.  
Coffee, milk.

## Supper:

Baked hash, soft eggs.  
Vegetable salad.  
Chocolate eclairs.  
Bread, butter.  
Cocoa, tea, milk.

## WEDNESDAY, APRIL 11, 1945

## Breakfast:

Stewed apricots.  
Cream of wheat.  
Any dry cereal.  
Soft eggs.  
Toast, butter.  
Coffee, milk.

## Dinner:

Soup and crackers.  
Swiss steak.  
Mashed potatoes.  
Buttered string beans.  
Cottage pudding.  
Bread, butter.  
Coffee, milk.

## Supper:

Corn fritters, sirup, butter.  
Broiled bacon.  
Pineapple cheese salad.  
Maple nut ice cream.  
Cocoa, tea, milk.

## THURSDAY APRIL 12

## Breakfast:

Canned plums.  
Oatmeal.  
Any dry cereal.  
Scrambled eggs and minced ham.  
Toast, butter.  
Coffee, milk.

## Dinner:

Soup and crackers.  
Broiled liver and gravy.  
Creamed potatoes.  
Buttered cabbage.  
Date blanc mange.  
Bread, butter.  
Coffee, milk.

## THURSDAY, APRIL 12, 1945—continued

## Supper:

Creamed chicken.  
Buttered rice.  
Waldorf salad.  
Orange marmalade.  
Rolls, butter.  
Cocoa, tea, milk.

## FRIDAY, APRIL 13

## Breakfast:

Bananas.  
Cream of Wheat.  
Any dry cereal.  
Soft eggs.  
Toast, butter.  
Coffee, milk.

## Dinner:

Soup and crackers.  
Fried filet of flounder.  
Celery relish.  
Parsley buttered potatoes.  
Fresh buttered spinach.  
Blackberry pie.  
Bread, butter.  
Coffee, milk.

## Supper:

Creamed tuna fish on hot biscuits,  
O'Brien potatoes.  
Sliced tomatoes and lettuce.  
Canned pears.  
Cocoa, tea, milk.

## SATURDAY, APRIL 14

## Breakfast:

Canned figs.  
Oatmeal.  
Any dry cereal.  
Fried eggs and bacon.  
Coffee, milk.

## Dinner:

Soup and crackers.  
Spareribs and sauerkraut.  
Buttered potatoes.  
Corn bread and butter.  
Fruit Jell-O, custard sauce.  
Coffee, milk.

## Supper:

Ham and noodle casserole.  
Pickled beets.  
Buttered lima beans.  
Canned peaches.  
Bread, butter.  
Cocoa, tea, milk.

## SUNDAY, APRIL 15

## Breakfast:

Oranges.  
Cream of Wheat.  
Any dry cereal.  
Soft eggs.  
Toast, butter.  
Coffee, milk.



*Regular diet menu, Sunmount, N. Y., week of April 9-15, 1945—Continued*

## SUNDAY, APRIL 15—continued

## SUNDAY, APRIL 15—continued

## Dinner:

Soup and crackers.  
Roast chicken and dressing.  
Giblet gravy, mashed potatoes.  
Buttered peas and carrots.  
Chocolate nut sundae.  
Bread, butter.  
Coffee, milk.

## Supper:

Cold cuts.  
Fresh radishes and onions.  
Baked potatoes.  
Canned apricots.  
Bread, butter.  
Cocoa, tea, milk.

Submitted by:

MATTIE L. BRIDGES,  
*Chief Dietitian.*  
HENRY W. WALTERS,  
*Lieutenant Colonel, Medical Corps,*  
*Chief Medical Officer.*

Approved:

H. R. LIPSCOMB,  
*Colonel, Medical Corps,*  
*Manager.*

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DISABLED AMERICAN VETERANS.  
DEPARTMENT OF NEW YORK,  
*Buffalo 2, N. Y.*

From: Gilbert R. Sharp, national finance committeeman.

To: Milton D. Cohn, national commander.

Subject: Inspection of United States Veterans' facility at Saratoga Springs, N. Y.,  
March 31, 1945.

Manager: Maj. John S. Walsh.

Hospital opened February 1, 1943.

Total number of patients from date of opening: 557.

Total number of deaths since date of opening: 5.

Capacity of hospital: 47.

Building No. 2 of Roosevelt Baths, leased from the State of New York.

## ANSWERS TO QUESTIONNAIRE

1. Answer. No.
2. Answer. Not required.
3. Answer. Good.
4. Answer. Yes.
5. Answer. No.
6. Answer. \$1,200 is base salary. Poor pay for right type of employee.
7. Answer. Doctors cannot be registered by American Medical Society because frequent transfers prevent registration in county and State medical societies and for that reason excluded in attending clinical meetings, etc.
8. Answer. None. Menu for week attached.
9. Answer. No.
10. Answer. Yes. Patients admitted to movies free and enjoy club privileges in city of Saratoga. Frequent parties at night at facility. Patients during summer months walk about grounds of the Saratoga reservation and enjoy concerts and watch swimming, diving, etc.
11. Answer. Yes.
12. Answer. Yes.
13. Answer. Yes.
14. Answer. Complete examination day following admission.
15. Answer. Excellent.
16. Answer. Yes.
17. Answer. For the patients, yes. For visitors, no. Exorbitant rates charged by taxi concerns.
18. Answer. A regional office is to be established by the Veterans' Administration at Albany. A contact man from this office should visit the facility for a full day once each week. A DAV rehab officer should pay a weekly visit for a full day.

19. Answer. Forty-seven patients; two doctors; 7 registered nurses; attendants adequate.

20. Answer. Not crowded. Sufficient floor space per patient.

21. Answer. Excellent. No complaints.

22. Answer. Four additional beds could be placed; one in each of four corner rooms.

23. Answer. Seven left in opposition to medical advice since start of hospital. About 1.2 percent.

24. Answer. Questionable.

25. Answer. None.

26. Answer. No.

27. Answer. Not competent to answer.

#### RECOMMENDATION

That the United States Veterans' Administration lease another building now available which would accommodate an additional 47 patients. This building could be serviced from present kitchen and without too great an addition to present staff. Such lease as a temporary measure until the erection of a permanent hospital at Saratoga.

Respectfully submitted.

GILBERT R. SHARP.

#### *Regular diet menu, Saratoga Springs, N. Y., week of March 26, 1945*

MARCH 26, 1945

##### Breakfast:

Bananas.  
Branflakes.  
French toast.  
Butter, jam.  
Coffee, milk.

##### Dinner:

Fried liver and bacon, onion gravy.  
Parsley potatoes.  
Boiled cabbage.  
Waldorf salad, mayonnaise.  
Bread, butter.  
Gingerbread, lemon sauce.  
Coffee, milk.

##### Supper:

Broiled sausage, fritters (corn).  
Hot sirup.  
Cold tomatoes.  
Bread, butter.  
Baked apples.  
Tea, milk.

MARCH 27, 1945

##### Breakfast:

Grapefruit.  
Puffed wheat, honey-flavored.  
Scrambled eggs.  
Toast, butter.  
Coffee, milk.

##### Dinner:

Baked ham, raisin sauce.  
Candied sweetpotatoes.  
Baked onions.  
Pear, peanut butter salad, mayonnaise.  
Bread, butter.  
Lemon pie with graham cracker crusts, meringue.  
Coffee, milk.

MARCH 27, 1945—continued

##### Supper:

Vegetable soup, crackers.  
Cold cuts, mustard.  
Hash-browned potatoes.  
Glazed parsnips.  
Rye bread, butter.  
Canned apricots.  
Tea, milk.

MARCH 28, 1945

##### Breakfast:

Orange-halves.  
Shredded wheat.  
Hot cakes, butter.  
Hot sirup.  
Coffee, milk.

##### Dinner:

Sauted rosefish, horseradish sauce.  
Mashed potatoes.  
Buttered spinach.  
Tossed vegetable salad, French dressing.  
Corn muffins, butter.  
Lemon sherbet, cookies.  
Coffee, milk.

##### Supper:

Split pea soup, crackers.  
Cottage cheese.  
Potato salad.  
Sliced pickles.  
Whole wheat bread, butter.  
Raisin bread budding, lemon sauce.  
Tea, milk.

MARCH 29, 1945

##### Breakfast:

Stewed apples.  
Rice Krispies.

*Regular diet menu, Saratoga Springs, N. Y., week of March 26, 1945—Continued*

MARCH 29, 1945—continued

MARCH 31, 1945

## Breakfast—Continued

Bacon, fried eggs.  
Toast, butter.  
Coffee, milk.

## Dinner:

Smoked tongue, orange sauce.  
Parsley potatoes.  
String beans.  
Sliced-onion salad, French dressing.  
Bread, butter.  
Pineapple upside-down cake, fruit sauce.  
Coffee, milk.

## Supper:

Frankfurters, mustard.  
Lyonnaise potatoes.  
Fruit salad.  
Rolls, butter.  
Chocolate blancmange.  
Tea, milk.

MARCH 30, 1945

## Breakfast:

Grapefruit juice.  
Bran flakes.  
Srambled eggs.  
Hot cross buns.  
Coffee, milk.

## Dinner:

Baked fillet haddock, parsley, sliced lemon.  
Mashed potatoes.  
Stewed tomatoes.  
Tossed vegetable salad.  
Corn muffins, butter.  
Apple pie.  
Coffee, milk.

## Supper:

Oyster stew, crackers.  
Salmon salad.  
Hash browned potatoes.  
Sliced pickle.  
Bread, butter.  
Canned plums.  
Tea, milk.

## Breakfast:

Orange halves.  
Puffed Wheat, honey-flavored.  
Hot cakes, butter, syrup.  
Coffee, milk.

## Dinner:

Beef stew with vegetables.  
Parsley potatoes.  
Fried eggplant.  
Escarole salad, special french dressing.  
Bread, butter.  
Baked grapenut custard.  
Coffee, milk.

## Supper:

Vegetable barley soup, crackers.  
Baked beans.  
Potato salad.  
Cole slaw.  
Whole wheat bread, butter.  
Royal Ann cherries.  
Tea, milk.

APRIL 1, 1945

## Breakfast:

Grapefruit.  
Oatmeal.  
Easter eggs.  
Toast, butter, jam.  
Coffee, milk.

## Dinner:

Fried chicken, gravy.  
Candied sweetpotatoes with lemon.  
Fresh asparagus.  
Candlestick salad, mayonnaise.  
Hot rolls, butter, jam.  
Hot fudge sundae.  
Coffee, milk.

## Supper:

Sliced cheese, mustard.  
Baked grits.  
Stewed corn.  
Bran muffins, butter.  
Fruit Jell-O.  
Tea, milk.

JOHN S. WALSH,  
*Major, Marine Corps.*

## QUESTIONS TO BE ANSWERED AS TO EACH VETERANS' HOSPITAL

(Kindly respond in same numerical order, and air-mail the report to National Commander Scheiberling, Washington 6, D. C.)

Name of hospital: Veterans' Administration facility.

Address: Fayetteville, N. C. (General medical and surgical, 297 beds.)

1. Question. Are there any general or specific complaints on the medical treatment and hospital care received by the patients? If so, please describe briefly.

Answer. Very few specific complaints of lack of medical treatment and hospital care of patients.

2. Question. Has remedial action been taken by the Veterans' Administration in these cases or others which may have been previously reported?



Answer. The Administration has corrected these conditions and has assured us that every effort will be made to prevent repetition of such treatment and care of patients.

3. Question. What is your opinion of the relative standards of treatment in the veterans' hospitals as compared to the State, county, and municipal institutions in the same area?

Answer. The Veterans' Administration's standard of treatment is superior to that of the State, county, and municipal institutions in the same area.

4. Question. Do the manager, chief medical officer, and/or clinical director feel they have sufficient authority to run the hospital as efficiently as they might desire?

Answer. Yes.

5. Question. Do they feel that there are undue restrictions and regulations under which they must function? If so, kindly specify in what way.

Answer. No.

6. Question. Do they feel they have sufficient authority and latitude to employ competent doctors, nurses, and attendants?

Answer. Yes.

7. Question. Do they have encouragement and support in research, in participating in clinical meetings, symposiums, medical lecture courses, etc.?

Answer. No.

8. What definite complaints, if any, are there as to the quality, quantity, variety, and preparation of food in the veterans' hospitals?

Answer. No complaints as to quality, quantity, variety, and preparation of food in this hospital.

9. Question. Have there been or are there any specific cases of alleged abuse or neglect of patients?

Answer. Few cases of alleged neglect of patients. (See 1 and 2.)

10. Question. Are the recreational facilities adequate?

Answer. Recreational facilities are absolutely inadequate.

11. Question. Is the canteen service satisfactory, and prices charged veterans reasonable? If not, please describe.

Answer. Canteen service is satisfactory and prices charged veterans are very reasonable.

12. Question. Are the medical equipment and clinical arrangements satisfactory?

Answer. Yes.

13. Question. Are the periods of hospitalization proper? Too long? Too brief?

Answer. The period of hospitalization seems to be very proper.

14. Question. Do patients feel they are required to remain in receiving wards too long before complete examinations and treatment are started?

Answer. No.

15. Question. How about cleanliness and neatness in the buildings and on the grounds?

Answer. The hospital and grounds are very clean and neat.

16. Question. Is it felt that the discipline and morale of the patients are satisfactory?

Answer. Yes—very satisfactory.

17. Question. Are the transportation facilities to and from the hospital adequate?

Answer. Yes.

18. Question. Is the contact service considered satisfactory and adequate by the American Legion?

Answer. Yes.

19. Question. How does the ratio of patients to full-time physicians and surgeons, nurses, and attendants in the veterans' hospital compare to that in State, county, and municipal institutions?

Answer. No data available to compare this facility with that in the State, county, and municipal institutions.

20. Question. Are the patients too crowded? Is there sufficient floor space per patient?

Answer. No. Yes.

21. Question. How do you find the discipline and morale of the hospital personnel? What are their complaints, if any?

Answer. No complaints from hospital personnel. The morale is very good.

22. Question. What is your recommendation as to type and number of additional beds that may be required for the new load?

Answer. At present this hospital has an adequate number of beds. In the future additional beds may be necessary.

23. Question. What percentage of the patients are leaving the hospital against medical advice? Why?

Answer. Less than 10 percent. Unknown.

24. Question. What percentage of patients without dependents leave the hospital against medical advice due to the restriction in pension while being hospitalized?

Answer. Unknown.

25. Question. Could better personal care be furnished with staff aide program of Waacs trained in hospital routine, thus relieving nurses for more important duties?

Answer. Yes.

26. Question. Are there any complaints on the part of the patients regarding the lack of information given them as to their physical condition and advice as to future treatment upon being discharged from the hospital?

Answer. No complaints.

27. Question. What general or specific recommendations would you offer as to the medical treatment and hospital care of veterans in Veterans' Administration facilities?

Answer. We feel that the treatment in this facility is satisfactory. We do recommend that patients have more recreation while hospitalized and have some exercise program to complete before being discharged. At present patients are not allowed to take outdoor exercise. We feel that all patients who are well enough should be allowed to take outdoor exercise several days before being discharged from this facility.

DAVID M. CLARK,

*Aide to Department Commander,  
American Legion, Department of North Carolina.*

#### QUESTIONS TO BE ANSWERED AS TO EACH VETERANS' HOSPITAL

Name of hospital: Veterans' Administration facility.

Address: Oteen, N. C. (tuberculosis, 1,269 beds).

1. Question. Are there any general or specific complaints on the medical treatment and hospital care received by the patients? If so, please describe briefly.

Answer. Yes. We have found a few isolated specific complaints of lack of medical treatment in emergency cases and some few complaints on hospital care of the patients.

2. Question. Has remedial action been taken by the Veterans' Administration in these cases or others which may have been previously reported?

Answer. Yes. The Administration is making every effort to correct these conditions as they are brought to their attention and has assured us that continued efforts will be made to prevent repetition of treatment of this kind.

3. Question. What is your opinion of the relative standards of treatment in the veterans' hospitals as compared to the State, county, and municipal institutions in the same area?

Answer. The Veterans' Administration standard of treatment in tubercular cases is far superior to that of county, municipal, and city institutions.

4. Question. Do the manager, chief medical officer and/or clinical director feel they have sufficient authority to run the hospital as efficiently as they might desire?

Answer. Yes.

5. Question. Do they feel that there are undue restrictions and regulations under which they must function? If so, kindly specify in what way.

Answer. No.

6. Question. Do they feel they have sufficient authority and latitude to employ competent doctors, nurses, and attendants?

Answer. Yes; but unable to secure sufficient numbers of competent doctors, nurses, and attendants.

7. Question. Do they have encouragement and support in research, in participating in clinical meetings, symposiums, medical lecture courses, etc.?

Answer. No.

8. Question. What definite complaints, if any, are there as to the quality, quantity, variety, and preparation of food in the veterans' hospitals?

Answer. Quality, quantity, and variety good, but service poor in that food carts are used from the main kitchen, which necessitates some delay in the service and the distribution of trays with cold food.

9. Question. Have there been or are there any specific cases of alleged abuse or neglect of patients?

Answer. Yes. (See answers 1 and 2.)

10. Question. Are the recreational facilities adequate?

Answer. No; definitely. Old recreational hall from World War I still in use without sufficient recreational facilities; only recreation for infirm patients is radio and library. Reception on radio very poor, in that the step-up transformers now in use are not strong enough to carry to all the wards as audibly and clearly as should be. It is our belief that more and better recreational facilities should be furnished the infirm and ambulant patients.

11. Question. Is the canteen service satisfactory, and are the prices charged veterans reasonable? If not, please describe.

Answer. The canteen service is satisfactory and the prices charged the veterans are very reasonable. However, priorities are not granted the canteen by the Government agencies or the Veterans' Administration to buy, causing a shortage in haberdashery, candies, and certain toilet articles. Floor space for increased load of patients inadequate. Because of manpower shortage, competent barbers unobtainable.

12. Question. Are the medical equipment and clinical arrangements satisfactory?

Answer. No.

13. Question. Are the periods of hospitalization proper? Too long? Too brief?

Answer. Satisfactory. Much discussion going on at present among the members of the staff as to necessary periods of hospitalization.

14. Question. Do patients feel they are required to remain in receiving wards too long before complete examinations and treatment are started?

Answer. No.

15. Question. How about cleanliness and neatness in the buildings and on the grounds?

Answer. Very good.

16. Question. Is it felt that the discipline and morale of the patients are satisfactory?

Answer. Yes.

17. Question. Are the transportation facilities to and from the hospital adequate?

Answer. No. This facility in dire need of a Veterans' Administration bus.

18. Question. Is the contact service considered satisfactory and adequate by The American Legion?

Answer. Yes.

19. Question. How does the ratio of patients to full-time physicians and surgeons, nurses, and attendants in the veterans' hospital compare to that in State, county, and municipal institutions?

Answer. In a comparison of western North Carolina State Sanatorium with this facility, it is found that there are approximately twice as many patients per doctor at that sanatorium as there are per doctor at this facility; the same is true of attendants; and there are approximately three times as many patients per nurse at that sanatorium as there are per nurse at this facility, in addition to which there are 13 nurses' assistants at this hospital.

20. Question. Are the patients too crowded? Is there sufficient floor space per patient?

Answer. Patients are too crowded; not sufficient floor space to patients.

21. Question. How do you find the discipline and morale of the hospital personnel? What are their complaints, if any?

Answer. This facility has just had a change of administration, which, as usual, causes interruption in the old routine. In order to better the morale of the personnel, it is suggested that an emergency room be created for females where acute and emergency conditions may be treated?

22. Question. What is your recommendation as to type and number of additional beds that may be required for the new load?

Answer. This facility is now awaiting approval of new administration building, which when built will make room for approximately 112 treatment beds.



Bed capacity should be increased to at least 1,500, with additional dietetic, clinical, administrative, and recreational facilities.

23. Question. What percentage of the patients are leaving the hospital against medical advice? Why?

Answer. For the month of January there were 129 discharges from the hospital. Of this number there were 66 a. w. o. l.'s and a. m. a.'s, or 51 percent. The reason for any of these a. w. o. l.'s and a. m. a.'s is not given.

24. Question. What percentage of patients without dependents leave the hospitals against medical advice due to the reduction in pension while being hospitalized?

Answer. Unknown.

25. Question. Could better personal care be furnished with staff aide program of Wacs trained in hospital routine, thus relieving nurses for more important duties?

Answer. Yes; of the right type.

26. Question. Are there any complaints on the part of the patients regarding the lack of information given them as to their physical condition and advice as to future treatment upon being discharged from the hospital?

Answer. Yes. Some doctors are prone to withhold information from the patients which if told would probably make the patient think more seriously of his condition; and little advice is given them on discharge from the hospital. However, we have been advised that a program is now under way at this facility to inform the individual patient of his condition as his ward surgeon may see fit, and broadcasts over the local radio set to the wards are being planned to inform the patients about the treatment of tuberculosis.

27. Question. What general or specific recommendations would you offer as to the medical treatment and hospital care of veterans in Veterans' Administration facilities?

Answer. It is to be noted that question No. 24 was not answered. On many occasions we try to question the patients as to their reasons for leaving a. m. a.'s or a. w. o. l.'s and we have been given many reasons by the same patient. However, after careful study of each case and careful interview with the patient, we ascertain that he seldom has one good reason for leaving. However, it is thought that many do leave the veterans' facilities in order that they may receive the full amount of pension. We would recommend that, in order to keep down the number of a. m. a.'s and a. w. o. l.'s from the facilities for the treatment of tuberculosis, the full amount of pension be allowed as it is to veterans with dependents, and the difference between his hospital pay and the amount of full award be withheld by the Veterans' Administration pending the completion of his cure. In the event he leaves other than by a regular discharge, he would forfeit all the accumulated pension. In the event of his death the accumulated pension would be given to his nearest of kin. We believe this would be an incentive for a single man, who might be leaving the tubercular facilities in order to receive his full pay, to stay until a cure has been effected.

We further recommend, for better treatment and hospital care of veterans in Veterans' Administration facilities, that, as soon as available, competent doctors, nurses, attendants, and other personnel be employed, and that priorities be given the Veterans' Administration to employ such personnel.

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VETERANS OF FOREIGN WARS OF THE UNITED STATES,  
NATIONAL REHABILITATION SERVICE,  
Washington 5, D. C.

NORTH CAROLINA (TWO HOSPITALS)

Oteen Facility, Oteen: TB hospital, 1,269 beds.

Complaints: Overcrowded, understaffed, kitchen equipment obsolete and inadequate, recreational facilities inadequate, medical equipment inadequate, and clinical arrangements overloaded and inadequate.

Recommendations: Minimum of 300 additional beds, immediate revision of dietetic facilities, immediate construction of administration and clinical building, new recreational building, and modernization of equipment.

Fayetteville Facility, Fayetteville: General medical and surgical hospital, 297 beds.

Complaints: Inadequate recreational facilities, clinical arrangements unsatisfactory, improper assignment of physicians for duty (see Q. 12), and allegation of a few cases of neglect and abuse of patients.

Recommendations: Minimum of 300 new beds, installation of occupational therapy facilities, and correction of above complaints.

MAY 5, 1945.

#### REPORT ON UNITED STATES VETERANS' HOSPITAL, OTEEN, N. C.

1. Answer. There are a few general and specific complaints on hospital care received by the patients, such as lack of personal attention, inadequate food and recreational facilities.

2. Answer. With such an overload of patients and understaffed personnel and equipment, it does not seem possible that conditions could be improved without new construction and increase in personnel.

3. Answer. In answer to the standard of treatment of this hospital, we offer the following information secured from the clinical records of the Oteen Facility:

Total admission for period Jan. 1 to Mar. 31, 1945.....	417
Total discharges for same period.....	405

Classified as follows:

Regular .....	115
Deaths .....	60
Disciplinary .....	230

Percentage of arrested cases of discharged cases during period May 1, 1944, to March 31, 1945, 3.9 percent.

It is believed that the standard of treatment compares well with State, county, and municipal institutions; however, the results of statistical data cannot be compared, due to the different regulations and circumstances under which they function.

4. Answer. The question as to whether the manager and clinical director have sufficient authority to run the hospital as efficiently as they might desire may be answered "yes" or "no." It appears to the writer that there is not sufficient authority. The manager and clinical director have actual plans whereby this facility could be put on a much higher working basis and an efficient hospital as it should be, but due to delays in central office red tape, it will take many months and probably several years to materialize these plans. Much of this planning could be materialized immediately if more authority was localized.

5. Answer. There are some feelings of undue restriction and regulations under which they must function. These restrictions pertain mostly to equipment and construction changes, such as using a building for a different purpose than for which it was constructed. In order to do this, authority must come from central office, which takes months. It is believed that the manager should be competent enough to make such minor changes if he sees fit, without central office delay. This also pertains to moving telephones, offices, and any other changes that are made.

6. Answer. The employment of doctors and nurses is a central office matter.

7. Answer. At the present, it is believed that support in research, participating in clinical meetings and medical lectures is given.

8. Answer. There complaints from patients as well as the staff concerning the food matter. I would like to say, here, that with the worn-out and obsolete kitchen equipment it is a miracle that half the patients in this facility got fed at all. This kitchen was constructed and equipped for 500 to 750 patients. It is now serving 1,300 patients and its equipment has never been expanded, or the worn-out equipment replaced, although this condition has been reported repeatedly.

9. Answer. There were no specific cases of alleged abuse or neglect found by the writer.

10. Answer. The recreational facilities are very definitely inadequate. It is general knowledge that recreational and occupational therapy in this type of facility is a very important part of the treatment. The recreational and occupational therapy equipment and appropriations will barely meet the minimum for 14 percent of the patients. This is regarded as one of the greatest causes for AMA discharges.

11. Answer. The canteen services are not considered satisfactory by the clinical director or the writer. The prices are strictly controlled by the manager, however, the space and environment of the service is not considered average.

12. Answer. The medical equipment and clinical arrangements are very overloaded and the equipment is considered by the clinical director as inadequate.

13. Answer. The periods of hospitalization appear proper.

14. Answer. No complaints on the part of the patients were found concerning time spent on receiving wards.

15. Answer. Cleanliness conditions of the buildings and grounds are good; however, neatness of both are at a minimum. The condition of the building is contributed to by the overcrowdedness; however, the grounds have room for improvement.

16. Answer. The discipline and morale of the patients are not satisfactory. This is plainly seen in the fact that there were 230 disciplinary discharges from January 1 to March 31, 1945.

17. Answer. The transportation facilities to and from the hospital are adequate.

18. Answer. The contact service is considered satisfactory.

19. Answer. The ratio of patients to full-time physician and surgeons, nurses, and attendants in this hospital compare favorably with that of State, county, and municipal institutions.

20. Answer. Very definitely the patients are too crowded. Rooms that were originally constructed for private rooms have eight patients in them. I am told by the manager that there is sufficient floor space per patient to meet regulations; however, this crowded condition is a handicap in treatment and a contributing cause to the a. m. a.'s.

21. Answer. The morale of the hospital personnel is, at present, high. New management and staff have brought about many new changes, and it is felt that the period of readjustment is past. All departments have new chiefs, and it is believed that if this new "team" was given authority to proceed with the plans that have been drawn up, conditions would change rapidly for the best. Their complaints are many and are summed up in the fact that their plans have been drawn up and submitted, but nothing is being done to materialize their plans and recommendations.

22. Answer. This hospital was constructed for 500 to 750 patients. It is now serving almost 1,300 without the benefit of additional construction, and it is seen that, at present, at least 300 additional beds are needed. Patients at this time are being diverted to other facilities because of the impossibility for this one to take them.

23. Answer. Approximately 55 percent of patients admitted leave by reason of disciplinary discharges, the majority of which are a. m. a. There are many reasons for this high percentage. The reduction of pension, family and personal troubles, all of which could be contributed to low morale.

24. Answer. Nurses have many duties that are not professional ones. Recommendations from the manager have been submitted to central office for ward clerks, so that nurses may put full time on professional duties. It is seen from the many nonprofessional duties of a nurse in this hospital that an assistant for these nonprofessional duties is needed. Waes would serve this purpose.

25. Answer. It is impossible to determine the percentage of patients discharged a. m. a. because of reduction in pension while being hospitalized.

26. Answer. There is no complaint on the part of the patients regarding the lack of information given them as to their physical condition, and advice as to future treatment upon being discharged from the hospital.

27. Answer. In this particular veterans' hospital the following program drawn up by the manager is offered as to local recommendations.

1. Immediate revision of existing dietetic facilities to provide kitchen and dining rooms designed for system of feeding now in vogue.

2. Immediate erection of administrative and clinical building of appropriate size to provide adequate administrative space, a modern surgery, clinics, laboratories, etc., sufficient for in-patient and out-patient load.

3. Immediate construction of a new recreation building to provide adequate recreation facilities for all types of patients.

4. Additional beds necessary for area to be served by the facility.

It is a general belief and much-talked of subject by the staff of this hospital that the difficulties go back and center in central office. The Veterans' Admin-



istration is too much centralized and bureaucratic. It is believed that too much bottleneck up through General Hines with delays and inefficiency as the result, further that a broader vision, more progressive activities, better personnel practice, more planning and accomplishment beyond the blue-print stage is urgent.

*Department Commander, North Carolina.*

#### REPORT ON UNITED STATES VETERANS' HOSPITAL, FAYETTEVILLE, N. C.

I wish to state in the beginning of this report of investigation of the Veterans' Hospital, Fayetteville, N. C., that this is a report covering the so-called defects or conditions that are believed could be improved. The facility, as a whole, gives good treatment to its patients and the local management is considered good.

Questions are answered in numerical order as requested.

1. Answer. The only complaint on medical treatment is that too little personal attention is given patients.

2. Answer. These complaints in No. 1 may be considered natural.

3. Answer. I believe the standards of medical treatment in this hospital are equal to that of State, county, or municipal institutions in this area; however, much improvement could be made in the neuropsychiatric ward and the treatment.

4-5. Answer. The manager and chief medical officer feel that they have sufficient authority to run the hospital efficiently, except in a few instances as mentioned by the chief medical officer. One such instance is pertaining to orthopedic appliances. Their regulations limit them to \$50 in making orthopedic appliances for patients. Anything exceeding this amount must be approved by central office, which causes delay both in treatment and releasing the patient. Since very few of these appliances cost less than \$50, most cases have to go through central office red tape. It is believed by the chief medical officer that this limit could and should be raised, thereby giving him the authority to use his own judgment in the majority of such cases.

6. Answer. There was no complaint from either the manager or chief medical officer as to undue restrictions of authority in securing doctors, nurses, and attendants.

7. Answer. There is a specific complaint on the part of some of the doctors in this facility that their movements and encouragement of research are too much restricted by regulations and paper work. Clinical meetings and medical lectures are held weekly; however, it seems that this alone is not satisfactory on the part of some of the doctors.

8. Answer. No definite complaints on the food, except isolated ones, which is considered natural.

9. Answer. A few cases of abuse and neglect of patients are known. One such case was William H. Vaughan, who states that he was a patient here January 1944, and again was admitted some months later. He was admitted to Dr. A. Ebel's ward, who told him in no degree of politeness that he would not examine him, since he was here before. The patient was released the next day without any treatment of any kind. This veteran then went home and consulted his family physician, who performed an operation for sinus trouble and ear condition, costing him \$400, which he is not able to pay.

10. Answer. Every patient in the facility that was contacted concerning recreational facilities considered them inadequate as some of them answered to the question, "What recreational facilities?" The library is good and believed to be adequate; however, it does not seem to take the spare time of many of the patients. Movies are shown Monday and Wednesday of each week. Complaint of the patients who are receiving treatment but who are ambulant is that there is nothing to do for four straight nights between Wednesday and Monday. The manager states that the open nights are for bingo parties and outside shows. There is nothing to do during the day to keep their minds busy and occupied. This is particularly true among the neuropsychiatric patients. They mope about all day with nothing to do.

11. Answer. The canteen service is at present satisfactory. Some complaints were made concerning cashing of checks for which the operator had been making charges. This practice has been stopped, with no further complaints.

12. Answer. This is a new hospital and medical equipment seems adequate, but the clinical arrangements in some instances are by no means satisfactory. This statement pertains to the neuropsychiatric service. There are more than 4,000 veterans who are eligible for neuropsychiatric treatment in this facility, and the facilities to treat the veterans consist of psychiatrist and a cardiologist who has no interest in the type of work he is forced to do. Capt. S. J. Seikoff is an able cardiologist and his background consists of this work alone. When he reported here for duty, he was immediately put in neuropsychiatric work, which he knew nothing about and readily stated that he detested it. How can a veteran be treated or be helped, who is weak or sick mentally, by a person who is ignorant of his needs and has no interest in his work? Dr. J. W. Turner, the only psychiatrist, spends part time only with his patients. Too much of his time is spent doing out-patient examination. It is clearly seen that at least one more psychiatrist is badly needed. It is further believed that the facilities of this service are not adequate. There is no occupational therapy or psychotherapy. Dr. Turner has attempted to have classes of psychotherapy, but there is such an overload of other duties that it was impossible to continue the classes. The patients of these services can be seen moping about with nothing to occupy their minds. Recently, an organization furnished the patients with material to make "poppies." Dr. Turner commented that this pastime work has made a noticeable difference in the disposition of the whole ward, inasmuch as it is more peaceful and less trouble with the patients. They are more contented, and nervous tension is relieved.

The lock ward of this service consists of two adjoining rooms which were originally constructed for one patient each. There are always two patients in each room. The windows have large iron bars over them and gives the appearance of jail more than a hospital.

Recommendations were made by the chief medical officer to better these conditions almost 1 year ago, but again central office red tape appears. No action has yet been taken, although the average layman can see the need.

13. Answer. The periods of hospitalization seem proper, except in cases of some transfers which are delayed both by the fact that central office must authorize transfers to domiciliary homes and that other facilities seemed to be overcrowded and cannot accept them.

14. Answer. There seems to be a general complaint among the patients that they stay on the receiving ward too long; however, investigation of some of these complaints reveals no basis for this complaint, except in isolated cases.

15. Answer. The cleanliness and neatness in buildings and the grounds are exceptionally good.

16. Answer. The discipline and morale of the patients are average; however, it is believed that much improvement could be made if more recreation was available. Many patients ask why they were not allowed to go outside, that they believed they could be more contented and improve if they could be outside of a short period each day.

17. Answer. Transportation facilities to and from the hospital are adequate.

18. Answer. The contact service is very good.

19. Answer. The ratio of patients to full-time physicians, surgeons, nurses, and attendants are more favorable than State, city, and municipal institutions, except the neuropsychiatric service.

20. Answer. Patients seem to have adequate room except the lock ward as mentioned before.

21. Answer. The patients have no general complaint as to the morale of the hospital personnel except a few isolated cases of complaint that the nurses have no humane attitude toward them, or complaint to that effect; however, these are accepted as natural. I would like to add here that the morale of some of the doctors are not in keeping with a picture that is at first presented. Practically every employee here has the attitude that he is afraid of his superior or that he will violate some regulations. There is not a free, open attitude or atmosphere about the facility. It is felt that if they were enticed to do so, that more definite complaints would come to light. As one doctor told me during an interview, "I can say a lot and so can the other doctors if they would. They are continually looking over their shoulders to see if anyone is checking on their every movement. They are afraid to make any new or unusual movements and in some cases suggestions for fear of doing the wrong thing, for which central office or their superiors would reprimand them; or being tied up with regulations instead of being encouraged to progress and in research work. It is not a question that

the veteran is not getting good treatment and care; he is, but not the best care. With the excellent equipment and doctors, there is no reason why the veteran should get just good care, and not the very best. I do not like my work here because it is not in my field of knowledge. I feel that I am wasting my time here and have made both oral and written complaints to this effect." I asked the doctor if I may quote him, and he answered, "You may, but if there is a following up of these statements and any embarrassing explanations to be made, there are no witnesses to my statements and I haven't told you anything." It will be noted that here is the type of morale that is not good. Fear of regulations and superior officers keeps an unhealthy atmosphere that definitely discourages progress and must divert much of their attention from their main subject of thought, the medical care of the veteran.

22. Answer. It is believed that at least 300 more beds will be required to carry the new load of expected patients.

23. Answer. About 9 percent of the patients leave against medical advice. The reason seems to be family or personal troubles, which they feel require their personal attention.

24. Answer. There seems to be no shortage of nurses, therefore no specific need of Wacs can be seen.

25. Answer. Very few patients leave against medical advice because of reduction of pension. It is believed this question pertains to tuberculosis hospitals.

26. Answer. No complaints are evident on the part of the patients regarding the lack of information given them as to their physical condition, and advice as to future treatment upon being discharged from the hospital.

27. Answer. In this particular facility it is believed that arrangements should be made to allow patients outside during the day and that occupational therapy should be established. The American Red Cross has more than once offered to extend their cooperation in doing this but has had no cooperation from the Veterans' Administration.

It is not only a belief by this organization but from some of the staff of this facility that many difficulties go back and center in central office. The Veterans' Administration is too much centralized and bureaucratic, and that the medical activities are too submerged: (1) Administrator, (2) assistant administrator, (3) medical director. It is believed that too much bottleneck up through General Hines, with delays and inefficiency as the result, further that a broader vision, more progressive activities, better personnel practice, more planning, and accomplishment beyond the blueprint stage is urgent.

O. M. SWAYNGRIN,

*Service Officer, Department of North Carolina.*

#### VETERANS' HOSPITAL, FAYETTEVILLE, N. C.

1. Answer. There is no general or specific complaint against medical personnel. It is the general opinion that with very few exceptions that they are doing best job of which they are capable.

2. Answer. Remedial action cannot be taken until salary scale is increased so as to attract men of higher training and skill, and central office uses better judgment in the assignment of this personnel.

3. Answer. Standard of medical treatment and nursing care compares very favorably with that of State and municipal hospitals, but the standard of these are necessarily lower now due to war conditions.

4. Answer. Yes.

5. Answer. No.

6. Answer. Manager states the employment of nurses and doctors is not a decentralized function.

7. Answer. Clinical meetings are held weekly but some of the doctors feel that their time for research, study, and time that should be spent with patients is restricted by paper work.

8. Answer. No complaints.

9. Answer. No specific cases found by this committee.

10. Answer. Outside of motion pictures twice each week, a few shows and parties by local civic and patriotic organizations, including bingo and a good library, recreational activities are nil. No provisions except in a few cases are made for outside fresh air and sunshine.



11. Answer. Canteen service, poor food, average prices, in line with local food and retail trade. Space insufficient.

12. Answer. Medical equipment seems adequate. It appears that another full-time psychiatrist is needed or an additional doctor obtained for the out-patient clinic in order to release for full-time duty the only psychiatrist now on duty at this station. There is no occupational therapy.

13. Answer. No complaints except in cases of transfers where the delay is caused by slowness in authorization and crowded conditions in other veteran hospitals.

14. Answer. No complaints except a few isolated cases which we found generally to be without cause.

15. Answer. Manager is to be congratulated on the neatness and cleanliness of the buildings and grounds; a good job under most trying conditions.

16. Answer. Discipline and morale generally good. Most exceptions due to unrest and low spirit controlled by some action on compensation or pension claim or the failure of action.

17. Answer. Facilities adequate.

18. Answer. Contact service satisfactory; space insufficient.

19. Answer. Ratio of patients to full-time doctors, nurses, and attendants is more favorable than in State and municipal hospitals.

20. Answer. Patient space adequate.

21. Answer. There is no general or specific complaint regarding the morale of hospital personnel. If trouble exists beyond the human element this committee did not find it.

22. Answer. It is believed an additional 300 to 400 beds will be needed for new patient load with corresponding space for increased load in Veterans' Administration, which now needs additional space and equipment.

23. Answer. About 9 percent of patients leave against medical advice. Most of these are World War II veterans transferred from naval and army hospitals who realize they are out of service and want to go home.

24. Answer. No need for Wad's seen. Civilian clerks could relieve ward doctors of much paper work. The practice of using army and naval personnel in veterans' hospitals should be abandoned as soon as possible.

25. Answer. Very few patients leave this hospital on account of reduction in compensation. Some do not enter because of the cut.

26. Answer. There is a general complaint by discharged patients because of the failure of hospital authorities to give information relative to patients' condition and the future treatment of same.

27. Answer. In addition to above it is felt that the decentralization of more and more activities of the Veterans' Administration will lessen red tape—allow quicker and more satisfactory action on pending compensation and pension claims, which will raise the morale of veterans in and out of hospitals. Central office should use better judgment in assignment of medical personnel or decentralize this function.

It is strongly urged that as soon as possible the use of naval and army personnel be discontinued. A continuation beyond the present war emergency will lead to chaos.

H. W. BETHEL,  
*Chairman.*

E. I. COFFEY.

I. H. LAWS.

J. K. FINCH,

*National Service Officer.*

#### REPORT ON UNITED STATES VETERANS' FACILITY, FARGO, N. DAK.

Name of Hospital: Veterans' Administration facility.

Address: Fargo, N. Dak. (general medical and surgical; 159 beds).

1. Question. Are there any general or specific complaints on the medical treatment and hospital care received by the patients? If so, please describe briefly.

Answer. Three complaints were found by the committee and briefly they are as follows:

A family complained about a patient that died rather suddenly which the records showed was a man that died of a coronary infraction, and no blame could be placed upon the medical staff for any delinquency or negligence.

There was a patient that had been examined by the psychiatrist and by actual clocking the time the patient was in the examining room was 13 minutes. A diagnosis of psychosis was made which was subsequently changed to psychoneurosis.

In one case the cardiologist made a diagnosis of a normal heart which was confirmed by the cardiologist at Hines General Hospital. Later it was found that the man did have heart disease. This same cardiologist was criticized for being blunt, outspoken, and unsympathetic to his patients.

Report of these conditions was made to Charles M. Griffith, medical director, in August 1943, to which the medical director stated that corrective steps would be taken. No action has been taken and the same conditions still exist.

In general everyone seemed well pleased and there were no important criticisms of the medical or hospital care brought to the attention of the committee.

2. Question. Has remedial action been taken by the Veterans' Administration in these cases or others which may have been previously reported?

Answer. Yes.

3. Question. What is your opinion of the relative standards of treatment in the veterans' hospitals as compared to the State, county, and municipal institutions in the same area?

Answer. Favorable.

4. Question. Do the manager, chief medical officer, and/or clinical director feel they have sufficient authority to run the hospital as efficiently as they might desire?

Answer. The manager and the chief medical officer both mentioned that there was some delay in referring special patients to other institutions due to the fact that they had to go through Washington.

5. Question. Do you feel that there are undue restrictions and regulations under which they must function? If so, kindly specify in what way.

Answer. The staff feels that their authority is not commensurate with their responsibility. There is delay in obtaining authority to send patients to specific centers such as limb fitting, transfer is slow, and the obtaining of new equipment and supplies are slow.

It is felt that more leeway should be given on obtaining supplies. Blanket authorization covering purchases, with certain restrictions, should be increased from \$25 to \$50 or \$100. Decentralization of authority on minor purchases and priorities in connection therewith would avoid detrimental delays and would not necessarily result in increase of over-all expenditures. The same objective pertains to utilization of building space.

6. Question. Do they feel they have sufficient authority and latitude to employ competent doctors, nurses, and attendants?

Answer. Local staff has no authority to hire doctors or nurses, this being done by central bureau of the Veterans' Administration.

7. Question. Do they have encouragement and support in research, in participating in clinical meetings, symposiums, medical lecture courses, etc.?

Answer. The doctors are all free to join the local medical societies and are welcome at all meetings. Those that do not wish to join formally are given associate memberships. The doctors mentioned that they did not join State societies because of the fact that they were moved around so frequently and their tenure of office was usually short and indefinite, but there was no restriction or friction between them and the local society whatsoever. On the question of research most of them said that there were no funds for research. Most of them do about 2 weeks' postgraduate work in a year. Mention was made of the fact that if a doctor leaves the institution there was no one to replace him.

8. Question. What definite complaints, if any, are there as to the quality, quantity, variety, and preparation of food in the veterans' hospitals?

Answer. None. The food was excellent, the menus were well diversified, the kitchen and the dining room were clean, and all the best facilities were provided for preparing and serving the food.

9. Question. Have there been or are there any specific cases of alleged abuse or neglect of patients?

Answer. No.

10. Question. Are the recreational facilities adequate?

Answer. It was felt that the facilities were adequate for World War I patients. There were movies, libraries, and games available. However, for World War II patients, which are younger, the facilities were probably not adequate; however, now construction is under way which will amplify and adequately supply the recreational facilities.

11. Question. Is the canteen service satisfactory, and are the prices charged veterans reasonable? If not, please describe.

Answer. The canteen is small but is well stocked and prices were considerably lower there than is being charged by the public in the community.

12. Question. Are the medical equipment and clinical arrangements satisfactory?

Answer. Yes; generally so.

Some members of the staff said: "Requests for replacement of obsolete equipment such as operating lights, beds, operating tables, etc., are accompanied by statements of reasons for replacement in accordance with instructions. These are followed by repeated requests for additional reason for replacement until the doctors or department heads finally give up in despair and continue the use of original equipment."

13. Question. Are the periods of hospitalization proper? Too long? Too brief?

Answer. A herniotomy is kept on an average of 3 weeks and an appendectomy as a rule about 3 weeks. There is a tendency of holding the patients a longer period of time than is usual in the civilian hospitals. It is the opinion of the committee that the periods of hospitalization as a rule are too long.

14. Question. Do patients feel they are required to remain in receiving wards too long before complete examination and treatment are started?

Answer. Acute cases are given immediate attention and there was some suggestion that there may be some delay in the examination of chronic cases which is explained as being due to the shortage of help.

15. Question. How about cleanliness and neatness in the building and on the grounds?

Answer. The building and grounds, the rooms, wards, kitchen, and all the treatment rooms were kept scrupulously clean and in excellent state of repair.

16. Question. Is it felt that the discipline and morale of the patients are satisfactory?

Answer. Yes.

17. Question. Are the transportation facilities to and from the hospital adequate?

Answer. Transportation facilities are not quite adequate due to the fact that the hospital is a considerable distance from town and the amount of travel is small. However, arrangements are being made now to provide hourly bus service.

18. Question. Is the contact service considered satisfactory and adequate by the American Legion?

Answer. The contact service was considered entirely adequate at the hospital; however, some felt that there was a slight shortage in the field.

19. Question. How does the ratio of patients to full-time physicians and surgeons, nurses, and attendants in the veterans' hospital compare to that in State, county, and municipal institutions?

Answer. The ratio of full-time physicians and surgeons appears to be very favorable. There are 9 full-time physicians to 162 patients, 24 nurses, 2 cadet nurses, and 26 attendants. A large number of these patients are ambulatory and all except about 25 were able to go to the dining room for their meals. However, the ratio of physicians, nurses, and attendants to patients is far above what is found in the civilian hospitals at the present time.

20. Question. Are the patients too crowded? Is there sufficient floor space per patient?

Answer. The patients are not too crowded and there is ample floor space for patients.

21. Question. How do you find the discipline and morale of the hospital personnel? What are their complaints, if any?

Answer. The discipline and morale of the personnel is excellent. The complaints were that their pay was low during wartime. Some members of the medical staff feel that they were not given a choice of location and were also being assigned to some fields of work for which they were not properly fitted. It was also felt that they were moved suddenly without proper warning. The complaint was voiced that promotion was indefinite and unorganized without any definite policy being followed.

22. Question. What is your recommendation as to type and number of additional beds that may be required for the new load?



Answer. It was suggested that a special provision for women be made. Plans are completed for tripling the number of beds in the institution. The quality of the beds could be improved.

23. Question. What percentage of the patients are leaving the hospital against medical advice? Why?

Answer. About 4 percent of the patients leave the hospital against medical advice. This is almost entirely accounted for by World War II patients recently coming in from overseas and anxious to go home. Less than one-half of 1 percent are AWOL.

24. Question. What percentage of patients without dependents leave the hospitals against medical advice due to the reduction in pension while being hospitalized?

Answer. None.

25. Question. Could better personal care be furnished with staff aide program of Wacs trained in hospital routine, thus relieving nurses for more important duties?

Answer. No.

26. Question. Are there any complaints on the part of the patients regarding the lack of information given them as to their physical condition and advice as to future treatment upon being discharged from the hospital?

Answer. There were some patients that feel that their case had not been completely explained to them, but upon questioning it was found that this was not due to any carelessness or failure on the part of the personnel but rather due to the lack of ability to fully grasp a highly technical situation.

27. Question. What general or specific recommendations would you offer as to the medical treatment and hospital care of veterans in Veterans' Administration facilities?

Answer. There appears to be the very finest cooperation between the manager, the chief medical officer, and the clinical staff. No evidence of friction was found whatsoever. However, it was felt that the central bureau of administration they should be in closest touch with the medical officers and it is felt they should be more sympathetic to their viewpoints. In general it is felt that there should be more medical officers in the higher and top administrative capacities.

Respectfully submitted.

L. T. ORLADY, *Department Commander.*

E. J. LARSON, M. D. M. Sc. F. A. C. S.

*Chairman, Investigating Committee,*

*Department Medical Adviser.*

GEORGE SOULE, *Committee Member.*

C. H. OLSON, *Committee Member.*

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#### VETERANS OF FOREIGN WARS OF THE UNITED STATES.

NATIONAL REHABILITATION SERVICE.

*Washington 5, D. C.*

#### NORTH DAKOTA (ONE HOSPITAL)

Fargo Facility, Fargo: General hospital, 159 beds.

Complaints: Overcrowded, understaffed, transportation facilities poor. Specific complaints against two medical officers attached.

Recommendations: Correction of above.

Remarks: The committee is very bitter about too much red tape, and complaint is made against one medical officer.

(VFW committee report.)

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#### REPORT OF SURVEY, VETERANS' ADMINISTRATION FACILITY, FARGO, N. DAK., APRIL 3 AND 5, 1945

The survey for this questionnaire was made by a committee appointed by W. C. Goerner, commander, Department of North Dakota, Veterans of Foreign Wars of the United States, and consisted of the following members: Henry Nystul, department service officer; Irvin M. Sorlie, eighth district commander;

Carroll Peterson, past department junior vice commander; and Commander Gormer. The answers were arrived at by interviewing the management, medical staff, and patients of the facility and by a thorough inspection of the various departments.

1. Answer. No general complaints recently. Since the arrival of the newly appointed chief medical officer, Colonel Smith, the medical treatment and hospital care has been improved considerably. We commend Colonel Smith for the splendid work that he is doing.

2. Answer. Since the arrival of Colonel Smith, patients seem to be satisfied generally with the medical staff. (See remarks under question 27.)

3. Answer. The opinion of the committee is that the standard of treatment excels county and municipal institutions in this area.

4. Answer. No. (See remarks under No. 27.)

5. Answer. Management feels that are restricted in certifying ratings in certain types of disability. A recent case, patient rated temporary psychotic, case file called to central office for handling 3 months ago and case has not been certified to date. This case could have been handled through the field office and given prompt service.

6. Answer. No; they first must have authority from Washington before they can employ them.

7. Answer. Yes.

8. Answer. No complaints. Food well prepared and sufficient.

9. Answer. There have been in the past but this has been remedied by new medical chief.

10. Answer. Recreational facilities are very inadequate here.

11. Answer. Cases of favoritism to facility staff have been reported and the management has taken steps to remedy this. Prices are reasonable.

12. Answer. They are satisfactory.

13. Answer. Patients have complained that the period of diagnosis is too long.

14. Answer. Generally, yes.

15. Answer. Excellent.

16. Answer. Yes.

17. Answer. Transportation facilities to and from hospital very poor.

18. Answer. Considered satisfactory.

19. Answer. Favorable under these times; should have six more nurses.

20. Answer. Frequently overcrowded and will become worse until additional facility is provided.

21. Answer. Not sufficient facility for nurses. Certain members of the medical staff complain that they are forced to accept transfers since they cannot establish homes for their families.

22. Answer. Facility will be enlarged shortly to accommodate double the present capacity.

23. Answer. Estimated less than 3 percent. Period of treatment too long and since pensions are reduced during period of hospitalization patients worry about the reduced income to their families causing many to leave before they should.

24. Answer. That is questionable. Uniformed WAC's in the hospital, according to expressions from some patients, would make them feel that they were still in the Army. Uniforms in hospitals will have a psychological effect upon the patients.

25. Answer. Very small; difficult to estimate.

26. Answer. Yes; quite a few. They are told nothing about the result of their diagnosis. When released they are given medicines without being told what it is for. The procedure is altogether too secretive resulting in bad effect upon the patient's state of mind when he returns home.

27. Answer. As stated previously, the manager and the chief medical officer's hands are tied by regulations and red tape emanating from their Washington office. Careless and inefficient medical officers cannot be discharged or transferred without authority from Washington. To illustrate the point, attached you will find correspondence regarding a medical officer at this facility written by the Veterans' Service Commissioner of this State, R. J. Downey. The correspondence clearly shows this officer to be careless in his work and although the medical director, Charles M. Griffith, agrees that a change should be made, it hasn't been made at this writing.

As to Colonel Smith, this officer has improved conditions at this facility considerably since his arrival. It is our opinion that this officer is really doing his best to improve conditions and results toward this end are apparent.

The consensus of opinion of this committee is that most of the fault for inefficiencies can be traced directly to the Veterans' Administration at Washington, D. C., and we recommend a house cleaning from the top rather than the bottom. We also recommend the cutting of red tape and regulations. We recommend that the managers of these facilities be given more authority pertaining to the running of their particular facility. Local conditions vary and they are and should be more familiar with those conditions than one who has never been in that locality and is a thousand miles away from it. The many regulations which have accumulated over the period of years in many cases cause unnecessary delay and hardships to the patients which could be avoided by less regulations and more common sense and business administration put in their place.

DEPARTMENT OF NORTH DAKOTA, VFW,  
W. C. GOERNER, *Commander.*

STATE OF NORTH DAKOTA,  
VETERANS' SERVICE COMMISSIONER,  
*Fargo, N. Dak., August 5, 1943.*

DR. C. O. GRIFFITH,  
*Chief Medical Director, Veterans' Administration,*  
*Washington, D. C.*

DEAR DR. GRIFFITH: For some months, in fact, for the past few years, I have been debating in my own mind as to whether or not I would write you entering a protest against the further employment of Dr. Michael Rosen and of Dr. L. R. Herman at the Veterans' Administration facility in Fargo. I have debated this with myself because I did not wish to personally injure either of these two gentlemen, but I also did not wish to injure the veterans in North Dakota, whom I am supposed to represent. I have finally determined that it is my duty to enter a protest to you against the continuing of these two doctors on the staff of the Fargo hospital.

I protest the further employment of Dr. Rosen because I do not believe that Dr. Rosen is at all interested in his work at the Fargo hospital. He is uncooperative, he is mean, surly, and uncivil to the veterans who come into his office for examination and his diagnoses are unreliable, and in many cases, absolutely wrong. I refer you specifically to two cases in which a protest has already been made relative to his work. The first is the case of Joseph M. Martin, C-1,680,201. The second is the case of Axel Hultgren, C-417,887. I refer these two cases to you specifically because the records will disclose just what methods were used by Dr. Rosen in the examination of these two men and, particularly, in the Hultgren case how wrong he was in his diagnosis. I have many other cases which I could quote to you in which Dr. Rosen did not spend 5 minutes in his examination of these veterans, and I could obtain affidavits by the score which would show what his attitude was to the veteran during the examination.

In the Hultgren case, particularly, I was suspicious of the examination which Dr. Rosen would give to this veteran and I had the veteran timed while he was in Dr. Rosen's office. This was a case of combat veteran who had gone through most every major offensive in France, had gone home with a pronounced psychoneurosis, and who had not before properly had his claim presented to the Veterans' Administration. Knowing Dr. Rosen's practice, I presumed that he would not give this veteran a thorough examination but would merely glance through the first pages in the file and would go no further. The actual truth is that from the time this veteran entered Dr. Rosen's office and the time he left his office 13 minutes had elapsed, and during that time the veteran took his clothes off, was examined, was questioned, put his clothes back on, and was coming back out the door in 13 minutes. In this particular case I filed an appeal to the appeal board in Washington, D. C., and my appeal was not so much on the case itself as the method of examination. I called the attention of the appeal board to the time of the examination and the method of examination. The appeal was entered because Dr. Rosen's diagnosis was that this man did not have psychoneurosis but he had a psychopathic personality, and it was my opinion as a layman that no doctor could obtain a diagnosis from the kind of an examination which Dr. Rosen gave to this man in the 13 minutes involved. The appeal went into Washington, and the appeal board ordered the case folder back to the Fargo office and ordered that an examination be given to this veteran in some other Veterans' Administration facility by some other psychiatrist. The veteran was, accordingly, on such



instructions, examined at the Hot Springs, S. Dak., facility and the diagnosis entered there was psychoneurosis.

In the Joseph M. Martin case no appeal was taken, but Mr. Martin would make an affidavit that Dr. Rosen's examination of him did not take 10 minutes, and, as I have stated before, I could obtain any number of affidavits from other veterans as to the same method of examination.

I do not know what the attitude of the officials in charge at the Fargo administration would be, but if they are as aware of the facts as to Dr. Rosen's examinations as I am, then I am sure that if you instituted an investigation as to the advisability of Dr. Rosen's remaining longer at the Fargo facility that necessarily the manager and chief medical officer of the Fargo facility would have to disclose, if they were honest in their opinions, that Dr. Rosen is not suitable for a psychiatrist at the Fargo facility.

It is, therefore, respectfully requested for the good of the service of the Veterans' Administration, and for the good of the North Dakota veterans, whom I represent, that you do institute an investigation to determine the feasibility of transferring Dr. Rosen to some other station, which would be a larger station and where his work would consist only in psychiatric work, and under the supervision of some other doctor in that particular field.

I protest against the further employment of Dr. Herman very reluctantly and upon a different basis than I do with reference to Dr. Rosen. In all fairness to Dr. Herman, I will say that he is a worker. He is not lazy and he is apparently on the job at all times, but it appears to me as if Dr. Herman is not an authority on heart cases. His diagnosis on heart cases have been reversed time after time. My main reason for protesting his further continuance as a doctor at the Fargo facility is because of his attitude and his manner. Dr. Herman just can't seem to refrain from making sarcastic remarks to nearly every veteran whom he examines. He enters into discussions and arguments as to whether or not they are entitled to compensation or pension and he has repeatedly stated that no veteran is entitled to compensation unless for a gunshot wound. He gets into arguments with veterans who appear before the discharge board and he even advises veterans who have a coronary that they should go out and do exercise to determine whether it will kill them or not. I can refer you to two cases wherein Dr. Herman has advised the veterans to walk up a flight of stairs to see what happens to them. One of these cases is the case of William P. Ridly, C-029,190. I also refer you to the case of Charles Uvaas, C-197,109, and the case of Olaf Lebakken, C-2,799,444. In the Charles Uvaas case Dr. Herman held that there was nothing the matter with the man's heart. I will say that Hines Hospital confirmed this diagnosis, but only after an insurance action had been commenced, and if your office will investigate this file further you will find that an action was brought on the insurance contract and that after the testimony of several private doctors and after the testimony of a doctor from Hines Hospital the court found that this veteran was permanently and totally disabled because of a heart condition and he is receiving insurance payments today because of that condition. The Uvaas case was quite outstanding because when this veteran was discharged from service he was discharged with a heart disability and it was not until 1937 that Dr. Herman changed the diagnosis from a heart disability to a nervous disability. I will state that there may have been an honest chance for an error in the Uvaas case because of the diagnosis which was made at Hines, Ill., but Dr. Herman, in my honest opinion, couldn't determine whether a man had a heart disability or a nervous disability or a stomach disability.

It is, therefore, respectfully requested that you investigate the charges I have made against Dr. Herman and that your investigator interview the medical staff and the officials at the Fargo Veterans' Administration Facility with reference to the feasibility of continuing Dr. Herman as a heart specialist at the Fargo Facility. Because of Dr. Herman's long length of service and because of the fact that he is not a shirker, but that he is a worker, I, of course, have hesitated to write this letter to you, and I would feel very sad indeed if Dr. Herman should be dismissed from the employ of the Veterans' Administration, but it is my opinion that he should be transferred to a larger institution where his attitude and demeanor would not be as noticeable to the veterans he examines as it is in a small institution like the Fargo Facility.

Very sincerely yours,

ROMANUS J. DOWNEY,  
*Veterans' Service Commissioner.*

VETERANS' ADMINISTRATION,  
Washington 25, D. C.

Mr. ROMANUS J. DOWNEY,  
Veterans' Service Commissioner,  
State of North Dakota, Fargo, N. Dak.

DEAR SIR: This will acknowledge receipt of your letter, dated August 5, 1943, concerning Dr. Michael Rosen and Dr. L. R. Herman, on duty at the Veterans' Administration facility, Fargo, N. Dak.

The statements made by you have had careful consideration and will be investigated. When a report has been received you will be further informed.

I wish to thank you for bringing this to my attention.

Very truly yours,

CHAS. M. GRIFFITH, *Medical Director.*

VETERANS' ADMINISTRATION,  
Washington 25, D. C., September 1, 1943.

Mr. ROMANUS J. DOWNEY,  
Veterans' Service Commissioner,  
State of North Dakota, Fargo, N. Dak.

DEAR SIR: Reference is made to your letter dated August 5, 1943, in which you protest against the further employment of Dr. Michael E. Rosen and Dr. L. R. Herman at the Veterans' Administration facility, Fargo, N. Dak.

Your comments have been very carefully noted and it is desired to state that the transfer of these two physicians is now under consideration and when vacancies occur at another facility to which they may be assigned, steps will be taken to carry out their reassignment.

I wish to thank you for calling this to my attention.

Very truly yours,

CHAS. M. GRIFFITH, *Medical Director.*

THE AMERICAN LEGION,  
Columbus, May 14, 1945.

Mr. T. O. KRAABEL,  
National Director, the American Legion,  
Washington 6, D. C.

DEAR MR. KRAABEL: Attached hereto is a report of the information concerning the veterans hospitals in Ohio as requested by the national commander March 21, 1945. This report has been delayed because of the inability of Dr. Paul H. Charlton to get away from his duties at Ohio State Medical School until last week.

The material in these reports was obtained from various visits to the hospitals by the department commander, department service director, and department service officers. In addition Dr. Paul H. Charlton, department medical adviser and Mr. Louis Blair, assistant director of University Hospital, Ohio State University, has been of great help. They have helped to evaluate the information and in visiting the Dayton hospital.

Mr. Neil H. James also assisted the department in obtaining the information contained in these reports.

We regret the delay but hope that the material may be of some real value.

Very truly yours,

RICHARD A. LINDEMANN, *Department Commander.*

#### QUESTIONS TO BE ANSWERED AS TO EACH VETERANS' HOSPITAL

(Kindly respond in same numerical order, and air-mail the report to National Commander Scheiberling, Washington 6, D. C.)

Name of hospital: Veterans' Administration facility (general medical and surgical, 1,044 beds).

Address: Dayton, Ohio.

1. Question. Are there any general or specific complaints on the medical treatment and hospital care received by the patients? If so, please describe briefly.

Answer. There are complaints of too much delay in arriving at a diagnosis and the institution of treatment. Information from the staff would indicate there is inadequate segregation and observation precaution in receiving wards. At times it takes 2 to 3 weeks before transfer from general hospital to TB hospital. There is a backlog of 4,000 waiting examinations in the out-patient department.

2. Question. Has remedial action been taken by the Veterans' Administration in these cases or others which may have been previously reported?

Answer. There is no apparent remedial action taken at present. Chief medical officer seems to feel that salaries are adequate. In spite of present criticism, he does not appear concerned about the matter of remedial action. Attitude is to keep still and not do too much.

3. Question. What is the opinion of the relative standards of treatment in the veterans' hospitals as compared to the State, county, and municipal institutions in the same area?

Answer. The standard of care compares only with the average general hospital. It does not compare favorably with private hospitals of similar size and facility. It does not compare favorably with Government teaching hospitals. Facilities for research and system of records are not good. These hospitals have wealth of case material for fine clinical study yet it is not apparently used.

4. Question. Do the manager, chief medical officer, and/or clinical director feel they have sufficient authority to run the hospital as efficiently as they might desire?

Answer. The manager, chief medical officer, and clinical director indicate they have sufficient authority. This is doubted in the light of other expressions on part of staff. There are delays which appear to be due to too much red tape and not enough local control. There are too many decisions which have to be referred to central office.

5. Question. Do they feel that there are undue restrictions and regulations under which they must function? If so, kindly specify in what way.

Answer. Yes. There is too much control in central office of problems of medical and administrative matters, which should be settled locally and promptly. These delays impede the service.

6. Question. Do they feel they have sufficient authority and latitude to employ competent doctors, nurses, and attendants?

Answer. No. At present the hospital is dependent upon doctors assigned from the Army. These are limited-service men and generally are said to desire release from service. They do not have, in many cases, a continued interest in the Veterans' Administration service. Some do excellent work but are not happy under this arrangement. Some are disgusted with the inertia and delays and the red tape. Central office inertia, civil-service system, and low salaries are prime factors in preventing replacements of aged, incompetent, and phlegmatic attachés.

7. Question. Do they have encouragement and support in research, in participating in clinical meetings, symposiums, medical lecture courses, etc.?

Answer. There does not appear to be much encouragement or support for research or participation in clinics, symposiums, etc. The chief medical officer and clinical director recite the work that some of the men are doing. The attitude of the rank and file do not indicate that this work is encouraged. There is indication that such work is undertaken on annual leaves and at their own expense. The chief medical officer seems satisfied if the average of competence is supplied. It is admitted that present public scrutiny is producing an improvement in the situation.

8. Question. What definite complaints, if any, are there as to the quality, quantity, variety, and preparation of food in the veterans' hospitals?

Answer. The food here could be good if it were prepared in a satisfactory manner. Good materials are purchased. The large-scale preparation and the fact that food is served in unattractive surroundings and in unattractive trays and dishes results in general dissatisfaction with food. Appearances are such to cause a loss of appetite even with hungry people. Certainly the situation would produce complaints among sick people.

9. Question. Have there been or are there any specific cases of alleged abuse or neglect of patients?

Answer. None known.

10. Question. Are the recreational facilities adequate?

Answer. Recreation facilities are presumed to be adequate.



11. Question. Is the canteen service satisfactory, and are the prices charged veterans reasonable? If not, please describe.

Answer. Canteen service is in the same position as a private vendor without priority. Service is not too bad, but the canteen should be supplied on the basis of an Army post exchange.

12. Question. Are the medical equipment and clinical arrangements satisfactory?

Answer. Yes.

13. Question. Are the periods of hospitalization proper? Too long? Too brief? Answer. Presumed proper.

14. Question. Do patients feel they are required to remain in receiving wards too long before complete examinations and treatment are started?

Answer. Definitely yes, plus lack of segregation of cases before transfer to special wards and to TB hospital.

15. Question. How about cleanliness and neatness in the buildings and on the grounds?

Answer. Very satisfactory.

16. Question. Is it felt that the discipline and morale of the patients are satisfactory?

Answer. There appears no problem of discipline. The morale is bad because of delay due to red tape.

17. Question. Are the transportation facilities to and from the hospital adequate?

Answer. Transportation to and from the grounds is adequate. There is no transportation within the grounds for patients who can walk, or for employees or visitors. This condition has remained unchanged despite complaints and requests. The manager is aware of the situation but apparently can get nothing done about it.

18. Question. Is the contact service considered satisfactory and adequate by the American Legion?

Answer. Contact service appears to be satisfactory.

19. Question. How does the ratio of patients to full-time physicians and surgeons, nurses, and attendants in the veterans' hospital compare to that in State, county, and municipal institutions?

Answer. In general, the ratio of patients to full-time physicians and surgeons compares with the average of general hospitals. Nursing service is inadequate in numbers and ability. Additional doctors and nurses are needed.

20. Question. Are the patients too crowded? Is there sufficient floor space per patient?

Answer. Patients are not crowded.

21. Question. How do you find the discipline and morale of the hospital personnel? What are their complaints, if any?

Answer. Discipline is good. Morale is poor from too much central office control.

22. Question. What is your recommendation as to type and number of additional beds that may be required for the new load?

Answer. Not enough investigation on this question.

23. Question. What percentage of the patients are leaving the hospital against medical advice? Why?

Answer. Number does not appear to be excessive.

24. Question. What percentage of patients without dependents leave the hospitals against medical advice due to the reduction in pension while being hospitalized?

Answer. Probably some, but not excessive.

25. Question. Could better personal care be furnished with staff-aide program of Wacs trained in hospital routine, thus relieving nurses for more important duties?

Answer. Yes. Wacs could be used in offices, laboratories, and clerical positions.

26. Question. Are there any complaints on the part of the patients regarding the lack of information given them as to their physical condition and advice as to future treatment upon being discharged from the hospital?

Answer. Some patients have complained that they remain too long without information. Usually they are given information and advice upon leaving. They express dissatisfaction as to delays when they are in the receiving ward when it appears to them that they are given no information and what appears to be no treatment. Some feel that this keeps them in the hospital when they might be out and make place for someone else. The lack of information contributes to this belief.

27. Question. What general or specific recommendations would you offer as to the medical treatment and hospital care of veterans in Veterans' Administration facilities?

Answer. Decentralization from central office is strongly recommended. The manager could be given a budget within which to operate and latitude be given for the expenditure of these funds. It would then be possible to meet particular needs when they arise. Sometime even an item that does not involve a great amount is delayed for want of central office approval. The manager could be controlled by audit. There could be a medical audit as well. In the purely administrative capacities, medical officers should be replaced by lay experts.

Salaries should be raised for medical officers to the level comparable with the service required. They should be released from civil-service restrictions and not promoted automatically upon length of service.

Efficiency reports at present are of no value. Not enough credit is given for individual improvement.

Decentralize the hospital except for broad principles of management, audit, and medical care. Provide local personnel who can be depended upon to operate without being tied from above.

Raise the whole level of salaries and provide help that can perform. Soon this should be possible if the matter is pushed. Give more attention to attendant and kitchen help. Provide more attractive surrounding for feeding patients and help. See that food is prepared in more attractive fashion.

#### QUESTIONS TO BE ANSWERED AS TO EACH VETERANS' HOSPITAL

(Kindly respond in same numerical order, and air-mail the report to National Commander Scheiberling, Washington, D. C.)

Name of hospital: Brecksville Hospital.

Address: Brecksville, Ohio. (General medical and surgical, 413 beds.)

1. Question. Are there any general or specific complaints on the medical treatment and hospital care received by the patients? If so, please describe briefly.

Answer. No complaints were encountered as to medical care. There is a shortage of personnel in the hospital but all things considered the medical care is as good as could be expected.

2. Question. Has remedial action been taken by the Veterans' Administration in these cases or others which may have been previously reported?

Answer. It is believed that the local Veterans' Administration officials have been active in trying to remedy the deficiencies that exist. They have combed this locality for people to work. They have held out the hope that the end of war would make more help available at this location.

3. Question. What is your opinion of the relative standards of treatment in the veterans' hospital as compared to the State, county, and municipal institutions in the same area?

Answer. Specific complaints are not encountered as to standard of treatment. Ward nursing service is often below standard because of lack of personnel. When nurses are off there are not replacements. No nurses aides or student nurses are used.

4. Do the manager, chief medical officer and/or clinical director feel they have sufficient authority to run the hospital as efficiently as they might desire?

Answer. The manager and chief medical officer express themselves as having sufficient authority to run the hospital as efficiently as can be done. Problem is one of personnel and not authority. This is due to other factors than authority.

5. Question. Do they feel that there are undue restrictions and regulations under which they must function? If so, kindly specify in what way.

Answer. Manager and chief medical officer do not express themselves as feeling there are undue restrictions or regulations. They do not always agree with the policy of central office but that seems to be a difference of judgment rather than merely restrictions. Despite these expressions there is a feeling that central office takes too long in cases of new practices. Change are brought about by acute pressure rather than foresight.

6. Question. Do they feel they have sufficient authority and latitude to employ competent doctors, nurses, and attendants?

Answer. Yes; but personnel is not available at the salary ranges provided and at this location under present employment conditions.

7. Question. Do they have encouragement and support in research, in participating in clinical meetings, symposiums, medical-lecture course, etc.?

Answer. Staff meetings discuss hospital cases but no information has been obtained as to participation in outside clinical meetings or lecture courses. It would appear that Veterans' Administration is missing the boat for research by use of Veterans' Administration records. Changes in rules are left until pressure is brought to overcome resistance and inertia.

8. Question. What definite complaints, if any, are there as to the quality, quantity, variety, and preparation of food in the veterans' hospitals?

Answer. Generally there has been very little more complaint than might be expected among persons who are sick and injured.

9. Question. Have there been or are there any specific cases of alleged abuse or neglect of patients?

Answer. No cases of abuse or neglect have been encountered. More attention would be given to each patient if there were more people to give it.

10. Question. Are the recreational facilities adequate?

Answer. Recreation facilities are not adequate. The need has been subordinated to the need of beds. Considering the lack of space and equipment the recreational aide is doing good work. Patients going from Army hospitals are struck by this difference. Explaining the reason does not furnish them with what they need.

11. Question. Is the canteen service satisfactory, and are the prices charged veterans reasonable? If not, please describe.

Answer. The canteen service is not satisfactory. It has not been for some time, yet nothing is done about it. It is provided by private concession. Supplies are short. Soup and coffee are the only warm items furnished. This is an acute matter where there is so little opportunity elsewhere in the location. Other items are often not available.

12. Question. Are the medical equipment and clinical arrangements satisfactory?

Answer. No complaints were encountered as to medical equipment or clinical arrangements. Examinations are badly in arrears but there appears to be no complaint as to the way patients are cared for when reached.

13. Question. Are the periods of hospitalization proper? Too long? Too brief?

Answer. Length of period of hospitalization does not appear to be a problem. Procedure is in force to give patient prompt treatment upon arrival so that benefit may be obtained at the earliest period and are not delayed unless necessary as part of treatment.

14. Question. Do patients feel they are required to remain in receiving wards too long before complete examinations and treatment are started?

Answer. There appears to be no complaint as to delays in the receiving wards before treatment is commenced.

15. Question. How about cleanliness and neatness in the buildings and on the grounds?

Answer. The hospital and grounds appear to be clean and neat.

16. Question. Is it felt that the discipline and morale of the patients are satisfactory?

Answer. Morale and discipline of patients does not appear to be unsatisfactory except for lack of recreational facilities. When number of World War II men increase this may be more serious. These patients now find it pretty dull.

17. Question. Are the transportation facilities to and from the hospital adequate?

Answer. Transportation facilities to and from this hospital have been improved. They are still inadequate. Commercial transportation will continue a problem. Transfer of facilities other than hospital may relieve this situation. Special means will have to be devised due to location.

18. Question. Is the contact service considered satisfactory and adequate by the American Legion?

Answer. Contact service will change when transferred to Cleveland. Expansion now under way to other places will change this problem so that present arrangement is no measure of what the future will be.

19. Question. How does the ratio of patients to full-time physicians and surgeons, nurses, and attendants in the veterans' hospital compare to that in State, county, and municipal institutions?

Answer. It is the impression of the department representatives that the ratio of full-time physicians and nurses and attendants to patients is low compared to



other hospitals. This is emphasized by the absence of training nurses, nurses' aides, and interns.

20. Question. Are the patients too crowded? Is there sufficient floor space per patient?

Answer. At present there is crowding of patients. Planned removal of regional offices will make more space available. It is feared that the increased load will not be met with anything like the present planned expansion of hospital facilities in this area.

21. Question. How do you find the discipline and morale of the hospital personnel? What are their complaints, if any?

Answer. The discipline and morale of the personnel is not good. There is continual complaints as to the living conditions available in this locality, transportation, and the isolation.

22. Question. What is your recommendation as to type and number of additional beds that may be required for the new load?

Answer. There is a need for the treatment of mild NP cases in this area without the necessity of confining them to strictly NP hospitals. It is the feeling that expansion of facilities in Ohio have been delayed too long and that even expansion that is planned will be too little and too late.

23. Question. What percentage of the patients are leaving the hospital against medical advice? Why?

Answer. Does not appear excessive.

24. Question. What percentage of patients without dependents leave the hospitals against medical advice due to the reduction in pension while being hospitalized?

Answer. No appreciable number appear to leave this hospital due to reduction of pension.

25. Question. Could better personal care be furnished with staff-aide program of Wacs trained in hospital routine, thus relieving nurses for more important duties?

Answer. Wacs trained for hospital routine would relieve the situation. Provision would have to be made to quarter them at this location.

26. Question. Are there any complaints on the part of the patients regarding the lack of information given them as to their physical condition and advice as to future treatment upon being discharged from the hospital?

Answer. There is no reason to feel that information is withheld from patients in the hospital for treatment. Doctors who are also making examinations for rating purposes may inadvertently adopt the policy of not volunteering information. There is no intention to withhold information from patients who are admitted for treatment.

27. Question. What general or specific recommendations would you offer as to the medical treatment and hospital care of veterans in Veterans' Administration facilities?

Answer. (a) Increase personnel as soon as possible; (b) improve recreation facilities; (c) alter canteen service; (d) provide transportation where public means cannot be made adequate; (e) increase bed capacity promptly upon removal of other regional offices; (f) provide for use of interns and student nurses; (g) raise salary level to induce better level of competence.

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#### QUESTIONS TO BE ANSWERED AS TO EACH VETERANS' HOSPITAL

(Kindly respond in same numerical order, and air-mail the report to National Commander Scheiberling, Washington 6, D. C.)

Name of hospital: Veterans' Facility Hospital.

Address: Chillicothe, Ohio (neuropsychiatric, 1,863 beds).

1. Question. Are there any general or specific complaints on the medical treatment and hospital care received by the patients? If so, please describe briefly.

Answer. The department is not in receipt of any complaints as to the medical and hospital treatment at this hospital.

2. Question. Has remedial action been taken by the Veterans' Administration in these cases or others which may have been previously reported?

Answer. There have been some alleged reports but investigation has failed to develop any facts that would warrant the belief that the stories are true.

3. Question. What is your opinion of the relative standards of treatment in the veterans' hospitals as compared to the State, county, and municipal institutions in the same area?

Answer. Standards at this hospital appear to compare with State, county, and municipal hospitals.

4. Question. Do the manager, chief medical officer, and/or clinical director feel they have sufficient authority to run the hospital as efficiently as they might desire?

Answer. Dr. Murphy, manager at the time of the department visit, seemed to feel that he had authority to run the hospital. Principal complaint of authority related to disbursement of funds of patients to members of the family who were in need. Central office approval caused too much delay to relieve the situation.

5. Question. Do they feel that there are undue restrictions and regulations under which they must function? If so, kindly specify in what way.

Answer. No other restrictions were encountered.

6. Question. Do they feel they have sufficient authority and latitude to employ competent doctors, nurses, and attendants?

Answer. Manager seemed to feel that he has authority to employ personnel but that they were not available.

7. Question. Do they have encouragement and support in research, in participating in clinical meetings, symposiums, medical lecture courses, etc.?

Answer. No information as to research was obtained at this hospital. Concern seemed to be directed in the effort to keep abreast of the expanding problem service requiring the attention without much time for special study.

8. Question. What definite complaints, if any, are there as to the quality, quantity, variety, and preparation of food in the veterans' hospitals?

Answer. Complaints as to food were not encountered at the time of the department visit. There has been some information received later that improvement could be had in keeping dining rooms clean. This was not due to lack of equipment. Credence cannot be readily placed upon complaints of patients in this type of hospital.

9. Question. Have there been or are there any specific cases of alleged abuse or neglect of patients?

Answer. No specific cases of abuse or neglect have been found here. As indicated above, there have been occasional complaints in the air but no evidence to establish such complaints as bases on fact. No reliable facts could be developed.

10. Question. Are the recreational facilities adequate?

Answer. Recreation is utilized as part of the treatment of patients. Examination of the schedules of entertainment show that special effort is made along this line. Effectiveness varies with the patients.

11. Question. Is the canteen service satisfactory, and are the prices charged veterans reasonable? If not, please describe.

Answer. There appeared to be no complaint as to canteen service. It did not seem to be a problem in this type of hospital.

12. Question. Are the medical equipment and clinical arrangements satisfactory?

Answer. Medical and clinical arrangements do not appear to be unsatisfactory.

13. Question. Are the periods of hospitalization proper? Too long? Too brief?

Answer. Termination of hospitalization in these types of cases is dependent upon many individual conditions. It involves special judgment and no general estimate can be obtained.

14. Question. Do patients feel they are required to remain in receiving wards too long before complete examinations and treatment are started?

Answer. Type of patients would not have adequate judgment.

15. Question. How about cleanliness and neatness in the buildings and on the grounds?

Answer. Buildings and grounds appear to be clean. There was some confusion at the time of visit due to new construction going on.

16. Question. Is it felt that the discipline and morale of the patients are satisfactory?

Answer. Morale does not appear to be a problem at this hospital.

17. Question. Are the transportation facilities to and from the hospital adequate?

Answer. Transportation facilities are limited due to isolation of hospital.

18. Question. Is the contact service considered satisfactory and adequate by the American Legion?

Answer. Contact service at this hospital is limited to one Veterans' Administration man.

19. Question. How does the ratio of patients to full-time physicians and surgeons, nurses, and attendants in the veterans' hospital compare to that in State, county, and municipal institutions?

Answer. Ratio of patients to full-time physicians and nurses appear to compare favorably with other institutions. The shortage of attendants is a more serious problem. Vacancies have been 5 to 6 among nurses, 70 to 75 vacancies among attendants. Cadet nurses and interns when available would help this situation.

20. Question. Are the patients too crowded? Is there sufficient floor space per patient?

Answer. At the time of the visit there was some crowding at this hospital. This will be relieved as soon as the new buildings are ready for use.

21. Question. How do you find the discipline and morale of the hospital personnel? What are their complaints, if any?

Answer. The problem of morale and discipline was not observed at this institution among the employees.

22. Question. What is your recommendation as to type and number of additional beds that may be required for the new load?

Answer. Additional beds are now in process of being provided.

23. Question. What percentage of the patients are leaving the hospital against medical advice? Why?

Answer. Against medical advice cases appear only frequently. No more than usual.

24. Question. What percentage of patients without dependents leave the hospitals against medical advice due to the reduction in pension while being hospitalized?

Answer. None.

25. Question. Could better personal care be furnished with staff aide program of Wacs trained in hospital routine, thus relieving nurses for more important duties?

Answer. It seems Wacs could be used to advantage in routine service. The enlisted company of soldiers has been a help.

26. Question. Are there any complaints on the part of the patients regarding the lack of information given them as to their physical condition and advice as to future treatment upon being discharged from the hospital?

Answer. Not a problem at this hospital apparently.

27. Question. What general or specific recommendations would you offer as to the medical treatment and hospital care of veterans in Veterans' Administration facilities?

Answer. (a) Added personnel; (b) use of student nurses and interns when available; (c) obtain attendants. Raise standard of pay to obtain better personnel as attendants.

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VETERANS OF FOREIGN WARS OF THE UNITED STATES,  
NATIONAL REHABILITATION SERVICE,  
Washington 5, D. C.

OHIO (THREE HOSPITALS)

Dayton Facility, Dayton: Domiciliary, 2,674 beds; general hospital, 1,077 beds. Complaints; Understaffed.

Recommendations: Additional personnel; construction of 500 new beds.

Brecksville Facility, Brecksville: General hospital, 413 beds.

Complaints: Poor transportation facilities; dissatisfaction with attitude of physicians by patients; recreational director unpopular.

Recommendations: Correction of above; transfer of four physicians (named); construction of 400 new beds.

Chillicothe Facility, Chillicothe: NP hospital, 1,866 beds, 494 additional authorized.

Complaints: Undermanned.

Recommendations: Additional personnel; construction of 1,000 new beds.

Remarks: Recommendation is made for higher pay scales.



REPORT OF FINDINGS AT DAYTON FACILITY, DAYTON, OHIO, INSPECTED BY THOMAS H. FELTZ, DEPARTMENT COMMANDER OF OHIO, VETERANS OF FOREIGN WARS

I made two visits to the Dayton Facility and I am reporting the conditions as I see them. In making my report I shall follow the questions in order.

1. Answer. As to the medical treatment, I found that the medical is very good for the staff employed. There could be a great deal of improvement by having more help.

2. Answer. The management is making every effort to make improvement.

3. Answer. I can say that the veterans get equally as good food in the facility as in the State hospital, if not better.

4. Answer. I feel sure that they do.

5. Answer. I have no knowledge of undue restriction.

6. Answer. I feel they do, but conditions have made it difficult to get doctors, nurses, and attendants.

7. Answer. Yes.

8. Answer. None whatsoever. I talked to a great many patients and they say the food is satisfactory.

9. Answer. I inquired in particular on this subject; I could not find any.

10. Answer. Yes.

11. Answer. They have a very nice canteen, clean in every respect, and prices that are very reasonable. It is operated by an individual, but the prices are fixed by the manager of the facility.

12. Answer. Yes.

13. Answer. I would say they are proper.

14. Answer. In some cases. This is due to being undermanned in some departments. The shortage of nurses, clerks, and attendants is the cause. The manager is attempting to create a public-relations officer to remedy this condition.

15. Answer. The entire hospital and grounds are kept in a very neat and clean condition.

16. Answer. Yes.

17. Answer. Yes.

18. Answer. Yes; although we will need another full-time contact man soon. The load is pretty heavy for the two who are employed at present.

19. Answer. I would say that every hospital is undermanned.

20. Answer. In this hospital there is definite need for additional quarters, although every patient has comfortable quarters at the present.

21. Answer. No complaints; only that they are worked pretty long, due to the shortage of personnel. I believe one condition could be remedied if the attendants were paid a little better salary.

22. Answer. At Dayton I should say an additional 500 beds.

23. Answer. A very small percentage.

24. Answer. The assistance of trained Wacs would be very helpful.

25. Answer. Very small.

26. Answer. I heard but very little.

27. Answer. More doctors, nurses, and a higher wage scale, especially for the attendants. A building program is needed that will double the present capacity.

Respectfully submitted.

THOS. H. FELTZ,

*Commander Veterans of Foreign Wars, Department of Ohio.*

REPORT OF FINDINGS AT BRECKSVILLE FACILITY, BRECKSVILLE, OHIO, INSPECTED BY THOMAS H. FELTZ, DEPARTMENT COMMANDER OF OHIO, VETERANS OF FOREIGN WARS

As requested by you, I made a visit to the Brecksville Veterans' Administration facility and made a thorough investigation. In making my report, I shall follow the questions submitted in order.

1. Answer. I found that some of the patients are not satisfied with the medical treatment given by some of the doctors. Some of the comrades contend that some of the doctors are not any too friendly to the veterans.

2. Answer. Not to my knowledge.

3. Answer. About the same.

4. Answer. Yes.

5. Answer. No.
6. Answer. There is a definite shortage of doctors, nurses, and attendants.
7. Answer. Yes.
8. Answer. None. The food is very good.
9. Answer. None.
10. Answer. Yes, but the recreational director is not very popular with the boys.
11. Answer. The canteen is run by an individual, but the prices, which are reasonable, are fixed by the governing body.
12. Answer. Yes.
13. Answer. I heard of no complaint.
14. Answer. Only through lack of clerks and personnel are they held over time for examination.
15. Answer. This facility is very clean in every respect.
16. Answer. Yes.
17. Answer. The transportation facilities are very bad here. That is a part of the reason that attendants and nurses are not too anxious to work here at this facility. It is 22 miles from Cleveland, the nearest large city. Only one bus each way every day is available. The attendants are underpaid here.
18. Answer. Very good, but will need another full-term service officer.
19. Answer. Every hospital I visited is undermanned.
20. Answer. At present they are filled to capacity. Arrangements should be made soon for additional beds.
21. Answer. I had no complaint from the hospital personnel.
22. Answer. I feel sure that this facility will have to double its bed capacity.
23. Answer. Very small.
24. Answer. Yes. I believe the assistance of trained Wacs should be very beneficial.
25. Answer. Very small percent.
26. Answer. Some; but a very small percent.
27. Answer. From my investigation I would recommend that the attendants be given a higher wage scale. Also that transportation of the employees be handled through the management. Also that Dr. Valentine, Dr. U. J. Hely, NP specialists; Dr. Hickert, and Dr. Halberstine be transferred and some physicians be sent here that are a little more friendly to the veterans. This is on recommendation of the service officer at the Brecksville facility as to the removal of these doctors.

Respectfully submitted.

THOS. H. FELTZ.

*Commander Veterans of Foreign Wars, Department of Ohio.*

REPORT OF THE CHILLICOTHE HOSPITAL INSPECTED BY THOMAS H. FELTZ, DEPARTMENT COMMANDER OF OHIO VETERANS OF FOREIGN WARS

As requested by you, I made a visit to the Chillicothe Veterans' Hospital and made a thorough investigation. In making the report I shall follow the questions submitted in order.

1. Answer. None.
2. Answer. They are getting the best treatment possible.
3. Answer. The treatment here is the best of any hospital I visited.
4. Answer. Yes.
5. Answer. No.
6. Answer. Yes.
7. Answer. They do.
8. None whatsoever. The food is very good. The officers, nurses, and attendants have the same menu as the patients.
9. Answer. None that I could establish.
10. Answer. Yes; but it will be better after the new building program is completed.
11. Answer. Yes. Cigarettes are handled by the management at present and distributed.
12. Answer. Very fine; could not be better.
13. Answer. No.
14. Answer. No.
15. Answer. The entire hospital is kept in a very neat and clean condition.

16. Answer. Yes; as well as can be expected.
17. Answer. Yes.
18. Answer. Yes.
19. Answer. This hospital in service exceeds any other that I have visited in the State; but they, too, are undermanned.
20. Answer. They are filled to capacity at present, but 494 beds will be available soon.
21. Answer. Fine.
22. Answer. One thousand more beds needed in near future.
23. Answer. None.
24. Answer. Yes. The Wacs trained staff could be very beneficial.
25. Answer. None.
26. Answer. None.
27. More beds, better wage scale for nurses and attendants.

Respectfully submitted.

THOS. H. FELTZ,  
Commander, Veterans of Foreign Wars,  
Department of Ohio.

DISABLED AMERICAN VETERANS,  
Dayton, Ohio, April 2, 1945.

DEAR COMRADE: You were recently hospitalized at the Veterans' Administration facility, Dayton, Ohio, and, according to the record, left before treatment was completed. We are anxious to learn the specific reason that prompted you to leave the institution and would appreciate your cooperation by answering the following questions.

Please forward this questionnaire by return mail, using the enclosed stamped envelope for your reply.

Sincerely,

BERNARD SOUTHARD,  
National Service Officer,  
Disabled American Veterans.

1. Was medical treatment satisfactory? ——— If answer is "No" please explain.
2. Was hospital food satisfactory? ——— If answer is "No," please explain.
3. Did finances or home responsibilities prompt your action?
4. Any other comments.

-----  
(Name)

-----  
(Address)

1. Answer. Patients' complaints on medical treatment and hospital care as follows:

(a) Some complain of having waited several hours in out-patient department before having preliminary examination to enter hospital.

(b) Several complaints from patients waiting 2 and 3 weeks on ward pending arrangement for surgery such as a hernia any other operations of choice.

(c) Many patients on the several TB wards complain of not receiving adequate care and some allege long periods of 6 months, a year, and even longer between X-rays and physical examination check-up to determine progress of the disease. Many also complain of lack of medical counsel as to their well-being.

(d) Complaints from veterans suffering with functional nervous disorders of being refused hospital care and other medical treatment.

2. Answer. Remedial or corrective action has not been taken on complaints listed under (a) and (b) of the above question.

The physician in immediate charge of the TB hospital was on leave for about 10 days this month and the chief of the internal medicine service was temporarily in charge during this period and arrangements were made for the collapse board to survey the TB patients. Of the first 125 examined, the medical board recommended special treatment and chest surgery as follows: 20 cases thoroplastomy, 11 cases chest adhesions, 12 cases pneumothorax, 2 cases phrenic crush, and 6 cases chest taps.

In the meantime the regular physician has returned from his leave but it is understood that the board examinations are being continued to include each patient at that hospital. It is understood that the local facility is equipped



to proceed with the treatments recommended by the collapse board with the exception of the 11 cases of chest adhesions. A thoracoscope is not available at Dayton although this instrument was requisitioned in September 1944. This means that the group of patients requiring cutting of adhesions will be denied the service unless the instrument is supplied or arrangements made to transfer them to some other institution having the equipment.

This committee visited patients on the TB ward prior to this survey and in general the morale was not good. A further visit to the same patients following the board examinations revealed a marked improvement in morale but some remain skeptical as to actually obtaining the recommended service. It is further understood that some of the physicians now on duty at the TB hospital will be transferred and be replaced.

3. Answer. This committee is not in a position to compare the relative standards of treatment in the Government hospital as compared to State, county, and local institutions as we have not made a detailed survey as to actual medical conditions in the other institutions. We can state without question that the veterans' hospital is superior to other local institutions in structure, housing conditions, and cleanliness.

4. Answer. Officials believe that they are granted sufficient authority to run the hospital within the limits of Veterans' Administration and civil-service regulations and availability of employees.

5. Answer. The committee felt that this question was embarrassing, as regulations to operate the hospital are issued in Washington; therefore we did not press for an answer.

6. Answer. A sufficient number of nurses and competent attendants is simply not available in this area. The records show only 86 nurses available with authority to employ 125. The turn-over in attendants is exceedingly high. The corpsmen supplied by military authority has helped to alleviate the local shortage of attendants. Doctors are obtained through civil-service register, transfers, and loaned by military authorities, which, of course, does not necessarily assure that they are competent. At this writing there is no shortage of physicians at this facility.

7. Answer. The chief medical officer states that they do attend many meetings with local medical associations, but other physicians at the facility do not believe any definite benefit is accomplished by present arrangement. They believe that broader participation in research should be encouraged, that Veterans' Administration physicians of ability be schooled at approved clinics to learn new treatment methods and more advanced surgical technique.

8. Answer. The food at this facility is considered by the patients in general as being good as to quality and quantity, but the bed patients are nearly unanimous in their complaints of receiving the food cold. It is understood that there is a shortage of food carts, which is no doubt responsible in part. Most of the patients state that sometimes the food is received warm, which would lead the committee to believe that under closer supervision of food handlers an improvement could be shown.

9. Answer. This committee has not received any specific complaints of alleged abuse of patients.

10. Answer. There has been no general complaint as to lack of proper recreational facilities and it is understood that an expansion of this program is under consideration.

11. Answer. A list of canteen prices was checked with local stores and found to be within reason. The canteen enters a service charge of 10 cents for cashing a check, which is used to pay for protection bond and other expenses incident to the service.

12. Answer. In the judgment of this committee, the medical equipment and clinical arrangements at this institution are highly satisfactory. (Exception under question 2.)

13. Answer. It is believed that in some instances the periods of hospitalization are too long for reasons outlined in question 1, part b.

14. Answer. Some patients state that they were removed from the receiving ward within a period of 48 hours. Many other patients allege that they were held on the receiving ward 2 and 3 weeks before being transferred to the treatment ward.

15. Answer. The hospital buildings are neat and clean and the grounds are maintained in an excellent condition. As a matter of fact, this institution is considered a show place.

16. Answer. In many wards of this hospital the morale of the patients is quite satisfactory; however, in a few of the wards the morale is not too good by reasons given elsewhere in this report. There has been no complaint on patient discipline.

17. Answer. The general hospital is about 1 mile from the nearest streetcar line and the TB hospital perhaps a little farther.

18. Answer. It is the opinion of this committee that the contact service of the Veterans' Administration is adequate and satisfactory.

19. Answer. The ratio of patients to full-time physicians in the hospital is approximately 1 doctor to 40 patients which is definitely a more favorable figure than found in State, county, and municipal institutions in the area. There is a definite shortage of nurses and attendants in the Government institution as well as those operated outside.

20. Answer. The patients on the treatment wards are not in any way crowded and there is sufficient floor space per patient and is certainly more favorable than in the other institutions in this area.

21. Answer. Judging from interviews with various hospital personnel, the general morale of employees is not too high. The complaints include, inadequate salary, lack of promotion and unsatisfactory supervision. Some physicians loaned by the Army are not satisfied with the Dayton assignment.

22. Answer. Based on casualty and discharge figures this committee estimates need for an additional 1,000 beds for general medical cases within the next few months. At this time, Dayton has a waiting list of 40 TB applicants. We believe the TB beds should be increased by at least 400.

23. Answer. About 12 to 15 percent leave a. m. a. or a. w. o. l. To ascertain the reason a questionnaire was sent to 100 of these patients that had left a. m. a. in February and March of this year. A majority of the former patients replied and their reasons show:

Complaint of medical treatment.....	19
Complaint of food, including failure to provide special diet.....	14
Finances or home conditions.....	22
Satisfied with all hospital service.....	19
Entered other hospital.....	1
Preferred private physician.....	1

(Sample of questionnaire attached and all replies are available and will be forwarded on request.)

24. Answer. Waes trained in hospital routine would be readily acceptable to the officials at Dayton and would obviously relieve the nursing shortage.

25. Answer. The number of patients without dependents leaving the hospital due to reduction of their pension cannot be accurately ascertained; however, of the 100 questionnaires referred to in question 23, only 2 mentioned such reduction as reason for not remaining at the hospital.

26. Answer. Some discharged patients do complain that they are not advised as to their physical condition on leaving the hospital and in many cases insufficient information as to further treatment.

27. Answer. (a) It is the considered judgment of this committee that civilian physicians would be more satisfactory in the treatment of civilian patients such as discharged war veterans. In general patient morale would be raised and would also afford better cooperation with other divisions and facility management.

(b) That physicians in the employ of the Veterans' Administration showing incapability or an indifferent attitude should be either placed in an assignment more suitable for his talents or released from the service entirely.

(c) It is imperative that the chief medical officer or physician in charge of medical treatment of patients in a veteran's institution be of known medical ability, and progressive and such medical leader be selected regardless of seniority rights and that salary be compatible with his capabilities.

DISABLED AMERICAN VETERANS,  
DEPARTMENT OF OHIO,

April 26, 1945.

Mr. FRANK B. BROWN: Pursuant to bulletin of March 21, 1945, from the director, national service department, and your letter advising that Comrade James L. Trott and I were to constitute the committee of the DAV in an investigation to be submitted to the national commander, Milton D. Cohn.



Answering questions 1, 2, and 3 with regard to general complaints and medical treatment, and our opinion of relative standards of treatment, compared to State, county, and municipal institutions in the same area: First, the general complaint in the Brecksville Facility for medical treatment and hospital care is that the patient waits too long a period before receiving treatment or surgical care. In explanation of this, we would say that an average of 3 to 5 days pass before conclusion of physical and clinical examination, and actual treatment is started. Second, another complaint is that the surgeon on the admitting ward is reluctant in the prescribing of medicine for easement and cathartics. Third, inference that the veteran is merely seeking hospitalization for increased benefits should be discontinued. We might say that the reason for this is that the clinical laboratory, electrocardiograph, X-ray, and basal metabolism are overloaded by out-patient examinations, due mostly to lack of stenographic help, resulting in the patients who are hospitalized being secondary in receiving such examinations. It is not believed the ward doctor should consider himself judge and jury as to why a man is being hospitalized, other than for disability, or disabilities. A general complaint is that the men resent the mention of being hospitalized for monetary benefits; this is strictly a rating agency's duty to determine, and not the medical officer. The second question, Has remedial action been taken by the Veterans' Administration in these cases, or others, which may have been previously reported? Yes, but only partially. Third, What is our opinion of the relative standards of treatment in the veterans' hospitals as compared to the State, county, and municipal institutions in the same area? We concede this far above State, county, and municipal institutions for general, medical, and surgical, but there is no provision for continued care of NP and tubercular cases and general necessary care. The surgery is par excellence.

4. Question. Do the manager, chief medical officer, and/or clinical director feel they have sufficient authority to run the hospital as efficiently as they might desire?

Answer. To this the answer is "Yes."

5. Question. Do they feel that there are undue restrictions and regulations under which they must function? If so, kindly specify in what way.

Answer. It is their belief there are no restrictions and regulations, but what are comparable.

6. Question. Do they feel they have sufficient authority and latitude to employ competent doctors, nurses, and attendants?

Answer. They have the authority but they are unavailable. We might comment on this in stating that we do not feel that medical officers can be secured and receive efficient and attentive service when the rate of pay is much too low for professional men. It is equally felt that the nurses and technicians should receive a more remunerative salary. It is also held that a higher grade of attendants could be secured, if there were ample quarters and better salaries.

7. Question. Do they have encouragement and support in research, in participating in clinical meetings, symposiums, medical lecture courses, etc.?

Answer. The answer to this is "Yes." Staff meetings at least once a month, best of speakers from Western Reserve, also standing invitation to attend Crite General Hospital and other hospitals.

8. Question. What definite complaints, if any, are there to the quality, quantity, variety, and preparation of food?

Answer. There is complaint about the preparation of the roasts in that they are too well cooked; steaks and chops overfried, salads and general mess are insufficient. The distribution of food for general mess is uneven—first ones served receive larger quantities, and toward the last meager portions. Milk on table has been discontinued except for one meal daily, cream is often very thin and insufficient in quantity. The coffee is poorly prepared, or too poor a grade of coffee. The tea is poorly prepared.

9. Question. Have there been or are there any specific cases of alleged abuse or neglect of patients?

Answer. Some have been alleged, none proven.

10. Question. Are the recreational facilities adequate?

Answer. No. There is very little facility for recreation. The mess hall is the only place for shows or pictures; chairs are uncomfortable, and those in back have to stand to see, no stage elevation. A few improvised games that can only be used in pleasant weather. No recreational training aides.

11. Question. Is the canteen service satisfactory, and are the prices charged veterans reasonable? If not, please describe.

Answer. No, the prices are not out of line, and the veteran is charged the same as the public and employees. The service is poor, inadequate space. Space



used for barber shop should be discontinued and enlarged into canteen space. We do not believe that the barber shop should be continued in the canteen, but should be placed in some other location where the food would be protected from the barber shop.

12. Question. Are the medical equipment and clinical arrangements satisfactory?

Answer. Yes, with the exception that the laboratory examinations give preference to the veterans receiving out-patient treatment, and the need of hospital patients waiting until such time as their laboratory tests can be run. The clinical laboratory is too overcrowded and should have at least one more room available, with better lighting and additional help; also, complement of drugs and chemicals needed for tests be available at all times in order that efficient service be rendered. That the physiotherapy department should be enlarged, and at least one or two additional assistants added. In X-ray the greatest complaint is a shortage of space for X-ray plates; storage of X-rays now are above the regular filing cabinets by reason of lack of storage space. This department is also handicapped greatly by the need of regular stenographic help at all times, and another X-ray technician should be added.

The eye, ear, nose, and throat clinic is inadequate due to lack of space; also, one additional assistant should be added full time, as well as a nurse or a trained attendant. The dental clinic is the same as at the time of the completion of the hospital, wherein the dental load at the present time is much greater, and the dental clinic should be enlarged with additional personnel.

13. Question. Are the periods of hospitalization proper? Too long? Too brief?

Answer. Chronic medical cases, average. Surgical, average.

14. Question. Do patients feel that they are required to remain in receiving wards too long before complete examinations and treatment are started?

Answer. Definitely, yes.

15. Question. How about cleanliness and neatness in the buildings and on the grounds?

Answer. General hospital wards, surgery, offices, and hallways are of a very high standard, but they could still be improved. Too few on janitor service.

16. Question. Is it felt that the discipline and morale of the patients is satisfactory?

Answer. The discipline is good. The morale of the patients can be classified as good, with the exception of the lack of recreation during periods awaiting examination and convalescence, and among those awaiting transfer.

17. Question. Are the transportation facilities to and from the hospital adequate?

Answer. To this the answer is, "Definitely, no." We might interrogate, what transportation?

18. Question. Is the contact service considered satisfactory and adequate by the DAV?

Answer. To this, answer is, "Yes."

19. Question. How does the ratio of patients to full-time physicians and surgeons, nurses, and attendants in the veterans' hospital compare to that in State, county, and municipal institutions?

Answer. This is a rather difficult question to answer due to the fact that all hospitals are understaffed, most especially, of nurses and attendants, as well as medical officers. In these hospitals, as well as Veterans' Administration facilities, there is a shortage of help. However, all other hospitals other than the Veterans' Administration have accessible transportation and the Administration does not; therefore the efficient employees are reluctant to accept employment in the Veterans' Administration facility at Brecksville.

20. Question. Are the patients too crowded? Is there sufficient floor space per patient?

Answer. To the question of being overcrowded the answer is definitely yes, with the exception of wards 2A and 4A. Is there sufficient floor space per patient? Definitely, no. Additional housing should be made immediately for nurses and attendants, as well as medical officers.

21. Question. How do they find the discipline and morale of the hospital personnel? What are the complaints, if any?

Answer. To this we might answer the discipline and morale of the hospital personnel is good, with the exception of a general complaint of the high cost of transportation, and the inaccessibility from the various parts of the city, by reason of inadequate transportation and the lack of housing.

22. Question. What is our recommendation as to type and number of additional beds that may be required for the new load?

Answer. Our recommendation is that this hospital be enlarged to at least 500 to 750 more beds, and that it be used as a tubercular hospital, and that a new general medical and surgical hospital be built in a closer location, where transportation would be available. A general hospital of at least 750 to 1,000 beds.

23. Question. What percentage of the patients are leaving the hospital against medical advice? Why?

Answer. Not over 3 percent, usually due to impatience of the veteran to start immediate treatment, and among those awaiting transfers due to length of time it takes to secure beds in another facility.

24. Question. Could better personnel be furnished with staff aide program of Wacs trained in hospital routine, thus relieving nurses for more important duties?

Answer. To this the answer is definitely yes.

Due to the fact that professional men deign to do menial or paper work, the Wacs service as well as Army service should be encouraged in this facility, at least for the period of emergency, in order that they would be able to do much work that would relieve the medical officers so that the medical officers would be of greater service to those patients in the facility.

25. Question. What percentage of patients without dependents leave the hospitals against medical advice due to reduction in pension while being hospitalized?

Answer. To this the answer would be extremely few, if any. We have no record of any such claims where the DAV has power of attorney.

26. Question. Are there any complaints on the part of the patients regarding the lack of information given them as to their physical condition and advice as to future treatment upon being discharged from the hospital?

Answer. There has been general complaint of many of the veterans during period of hospitalization of not being informed as to their physical condition. However, I am pleased to inform you that most patients have been advised and given a regular program and diet upon being discharged.

27. Question. What general or specific recommendations would we offer as to the medical treatment and hospital care of veterans in Veterans' Administration facilities?

Answer. To this question I would be reluctant in making recommendations, with the exception that the medical officers on the wards remember that they are physicians treating the men, and are not to act as rating agencies; that their duties are for curative purposes; that they should remember that these veterans are supposed to be ill and in need of treatment; that curt remarks are not appreciated by any patient, civilian, or veteran; that what might be to him a sense of humor is very much resented by the patient; that although they are physicians, and are so respected for their ability, they should still remember they are the servants of the veteran to such an extent that the patient have a greater faith in him. I still remember a remark made by a national service officer of the DAV, who states: "There are too many doctors that believe themselves to be attorneys and too many attorneys that believe themselves to be doctors." It must be understood that all criticism is given in a constructive manner and should be so taken. We would further recommend that increased salaries be paid to the medical officers assigned to the veterans' facilities who are receiving meager salaries, and that, if necessary, they be increased in rank in order to conform to proper and equitable salaries.

#### CHILLICOTHE FACILITY

1. Answer. Complaints on hospital care and medical service of the Chillicothe institution were received from relatives of patients and certain observations as follows:

(a) Overcrowding.

(b) Relatives complain of being forced to pay transportation costs and attendants' fees in bringing certain patients with service-connected mental conditions to Chillicothe.

(c) Veterans called for out-patient examinations, observation, and emergency medical treatment being placed in the same ward with mental cases.

(d) Mental cases under treatment for TB not being checked or examined at sufficient intervals to properly determine progress of the disease and possible need of special care.



2. Answer. Remedial action has not been taken to correct the above conditions. With reference to the second complaint above, it may be said that central office has approved the action of the Chillicothe authorities in refusing reimbursement of transportation in certain emergency cases of mental diseases even though service-connected. See central office letter December 5, 1944, in case of Kenneth L. DeGarmo, C-3255505. Physicians at Chillicothe state that routine clinical or X-ray examinations are only made at 6-month intervals in TB treatment cases unless they feel that the disease is showing unusual progress.

3. Answer. Based on inspection of two State mental hospitals of Ohio, it is the opinion of this committee that the relative standards of treatment in the Chillicothe mental hospital is superior to that of the State institutions.

4. Answer. The manager and clinical director feel they have sufficient authority within the limits of civil service to operate the hospital efficiently.

5. Answer. The officials do not believe that undue restrictions and regulations impede the functions of the institution.

6. Answer. The officials feel they have sufficient authority and latitude to employ competent doctors, nurses, and attendants but at time of survey there were 12 vacancies for nurses and 84 vacancies for attendants but no shortage of physicians. Of the attendants now employed there is an average of approximately 27 absent per day due to sick leave, etc. The shortage in nurses and attendants is due to unavailability of such employees. One hundred and thirty Army corpsmen are assisting as attendants and are believed fairly satisfactory considering the type of attendants now available.

7. Answer. Physicians at Chillicothe do attend meetings of the local medical association from time to time but out-of-State physicians are not permitted membership in the local organization. Several of the more progressive physicians feel that the Veterans' Administration should permit them to engage in special courses at various clinics to further develop their medical skill in specialized medicine, treatment, and surgery. These physicians now feel that such special training is not encouraged.

8. Answer. Inspection of food served indicated to this committee that the quality, quantity, and preparation of food was adequate; however, in some parts of the institution food is cold when reaching patients, which is said to be due to shortage of food carts.

9. Answer. There have been no specific complaints of alleged abuse to patients called to the attention of this committee.

10. Answer. The recreation facilities are considered fairly adequate, however the manager is interested in obtaining the services of a special physical director and authority has been issued for his employment. Your committee noted that in some of the larger wards patients are not given full advantage of the recreation facilities now available but the manager explained that this is due to shortage of attendants.

11. Answer. The prices and various items dispensed by the canteen service were checked with local retail merchants and found reasonable and satisfactory.

12. Answer. The medical equipment in the newer parts of the institution is modern and certainly considered adequate. The clinical arrangements are satisfactory for medical treatment of mental patients except for limited ward space resulting in overcrowding; resident physicians do not include specialists in various fields of medicine required and as the result consultants from Columbus and Chillicothe must be called from time to time to render such service. There is no out-patient set-up and a lack of facilities to care for mergent non-mental-treatment cases and observation of nonmental cases.

13. Answer. Your committee is unable to state whether periods of hospitalization are proper but have had no complaints as to the length of hospital care in an individual case.

14. Answer. Patients are retained on a receiving ward an average of 1 to 4 weeks.

15. Answer. The buildings are clean and neat. The grounds are kept in fair conditions but not up to the standards of other Veterans' Administration institutions visited.

16. Answer. It is felt that the discipline and morale of the patients are satisfactory for a mental institution.

17. Answer. The facility is approximately 5 miles from Chillicothe and there is no regular transportation except occasional through bus service and taxicabs. Patients arriving by public carrier are ordinarily accompanied by attendants and



are instructed to telephone the facility and a car is sent to the station. The same rule applies to veterans called for out-patient examinations.

18. Answer. There is one contact representative assigned to this institution and apparently provides adequate service for the present load.

19. Answer. There are 17 full-time physicians available for ward service with present load of 1,888 patients. At this writing there are 44 nurses and 148 regular attendants and an additional 130 Army corpsmen acting as attendants. While there is a definite shortage of nurses and attendants, the figure does compare favorably or even better than similar State institutions in this area.

20. Answer. The normal capacity of Chillicothe is 1,612 patients, but recently an overcapacity of 1,866 patients was approved. At this time there are 1,888 patients, which is considered as definitely overcrowding. This is particularly true of the medical-treatment ward and the reception ward. In the treatment ward beds are placed side by side with only inches of space intervening, which cannot be considered as satisfactory. It is further noted that in building 35, where longstanding chronic mental cases are housed, that the building is excessively large, with a result that too many patients are placed in this unit for proper supervision.

21. Answer. The morale of the hospital personnel is not too high for reasons as follows:

(a) Some of the physicians are directed to follow the practice of psychiatry when their talents, training, and desires follow other lines of medicine.

(b) Physicians consider an overloading of clerical work such as personal approval of each individual item of clothing, shoes, reading material, sundry items, and creature comforts which they consider could be equally handled by a property clerk after an original certification of items permitted to any patient.

(c) The Veterans' Administration does not encourage such medical courses that would improve the value in a treatment program as previously explained under question 7.

(d) Attendants allege inadequate salary and that the general pay is below rates offered in private employment.

(e) Some of the nurses allege excessive work apparently due to shortage of nursing employees.

22. Answer. At the present time three new buildings are under construction and will be completed some time this summer. They are built to house 495 additional patients. The present buildings are now overpopulated to the extent of 254 patients. If this group is assigned to the new buildings, this will leave only 241 new beds available for new or additional patients. Under the present policy the facility only accepts service-connected and emergency cases with a waiting list of 19. This means that the new buildings will be filled to capacity immediately on completion. It is the opinion of this committee that Ohio is in need of at least 1,000 new NP beds that should be constructed at once.

23. Answer. Patients leaving this institution against medical advice in care of their nearest relative is not considered excessive and on a smaller ratio during the past year.

24. Answer. The manager of this facility does not believe that Wacs with training in hospital routine would be satisfactory at this type of institution. It is necessary that nurses be specially trained in caring for NP patients to be of real value.

25. Answer. There are no figures available to determine the number, if any, of patients leaving the institution against medical advice due to reduction in pension while hospitalized.

26. Answer. No complaints have been received from discharged patients regarding lack of advice as to future medical care after leaving hospital.

27. Answer. Recommendations for improvement of medical service and hospital at NP hospitals or specifically Chillicothe are offered as follows:

(a) That greater ward space be provided for mental cases requiring medical treatment for physical disability.

(b) That full-time specialists in various fields of medicine such as TB, surgery, etc., be employed, or a special ward set aside in some centralized Veterans' Administration institution available to all mental cases in need of specialized medicine.

(c) There is a definite need for an out-patient department at this mental hospital that should include facilities for all types of physical examination, observation, and emergency treatment that would be separate and apart from

the mental wards. This need is an absolute requirement to cope with the pending load.

(d) The manager of this facility is a physician and with the increasing load is becoming overburdened with administrative duties. It is believed that an administration assistant should be assigned leaving the manager free to devote more of his time to medical supervision.

FRANK B. BROWN, *Chairman.*  
W. K. ADAMS, *Member.*  
BERNARD SOUTHARD, *Member.*

#### QUESTIONS TO BE ANSWERED AS TO EACH VETERANS' HOSPITAL

(Kindly respond in same numerical order, and air-mail the report to National Commander Scheiberling, Washington 6, D. C.)

Name of hospital: Veterans' Administration facility.

Address: Muskogee, Okla. (general medical and surgical, 418 beds).

1. Question. Are there any general or specific complaints on the medical treatment and hospital care received by the patients? If so, please describe briefly.

Answer. Yes. See Nos. 6, 7, 8, 9, 10, 11, 12 under "Patients" in attached report, exhibit A.

2. Question. Has remedial action been taken by the Veterans' Administration in these cases or others which may have been previously reported?

Answer. We believe they will—this is our first request.

3. Question. What is your opinion of the relative standards of treatment in the veterans' hospitals as compared to the State, county, and municipal institutions in the same area?

Answer. Standards are higher, except personal service is much better in State, county, and municipal institutions.

4. Question. Do the manager, chief medical officer, and/or clinical director feel they have sufficient authority to run the hospital as efficiently as they might desire?

Answer. They say yes, but do have regulations from the Veterans' Administration which they must follow too closely. Cost of operation of the facility is considered more important than welfare of the veteran—too much civil-service control.

5. Question. Do they feel that there are undue restrictions and regulations under which they must function? If so, kindly specify in what way.

Answer. No; but if they could express themselves honestly without fear of loss of position, it would be yes. I knew of one case where the employee was hired by direction of powers in Washington and against the wishes of the CMO, manager, and General Hines. General Hines will know the case in question.

6. Question. Do they feel they have sufficient authority and latitude to employ competent doctors, nurses, and attendants?

Answer. No latitude whatsoever.

7. Question. Do they have encouragement and support in research, in participating in clinical meetings, symposiums, medical lecture courses, etc.?

Answer. A very complete, intelligent, and constructive program is carried on in the Muskogee facility. (See attached report "question 7," exhibit B.)

8. Question. What definite complaints, if any, are there as to the quality, quantity, variety, and preparation of food in the veterans' hospitals?

Answer. See "Diet," Nos. 13, 14, 15, 16, 17, 18, 19, and "Food," 20, 21, 22 in attached exhibit A. There is room for much improvement.

9. Question. Have there been or are there any specific cases of alleged abuse or neglect of patients?

Answer. Yes. See Nos. 25, 26, 41, 42, 43, 44, 45, 46, 47 in attached exhibit A.

10. Question. Are the recreational facilities adequate?

Answer. Need improvements to meet requirements of World War II veterans—see "Recreation," No. 5; need additional equipment, see "Question 10," both attached, exhibits A and B.

11. Question. Is the canteen service satisfactory, and are the prices charged veterans reasonable? If not, please describe.

Answer. Canteen is absolutely not satisfactory; prices are fair for present state of war.

12. Question. Are the medical equipment and clinical arrangements satisfactory?

Answer. Changes could be made, more room and medical equipment equal to that in service hospitals are needed.

13. Question. Are the periods of hospitalization proper? Too long? Too brief?

Answer. Fair; some cases too long, some too brief, periods. See report on Henderson case, exhibit C.

14. Question. Do patients feel they are required to remain in receiving wards too long before complete examinations and treatment are started?

Answer. Yes; a very common complaint.

15. Question. How about cleanliness and neatness in the buildings and on the grounds?

Answer. Buildings fair; baths somewhat untidy; grounds excellent.

16. Question. Is it felt that the discipline and morale of the patients are satisfactory?

Answer. Morale and discipline fair.

17. Question. Are the transportation facilities to and from the hospital adequate?

Answer. From city of Muskogee, yes. From points in State to Muskogee, totally inadequate.

18. Question. Is the contact service considered satisfactory and adequate by the American Legion?

Answer. Yes.

19. Question. How does the ratio of patients to full-time physicians and surgeons, nurses, and attendants in the veterans' hospital compare to that in State, county, and municipal institutions?

Answer. See attached report, "Question 19," exhibit B.

20. Question. Are the patients too crowded? Is there sufficient floor space per patient?

Answer. Yes; too crowded. Recommend removal of regional office—it is more of a regional office than a hospital.

21. Question. How do you find the discipline and morale of the hospital personnel? What are their complaints, if any?

Answer. Morale and discipline good; complaints are too much work and low wages.

22. Question. What is your recommendation as to type and number of additional beds that may be required for the new load?

Answer. See attached report "Space," Nos. 23, 24, exhibit A.

23. Question. What percentage of the patients are leaving the hospital against medical advice? Why?

Answer. See attached "Question 23," exhibit B.

24. Question. What percentage of patients without dependents leave the hospitals against medical advice due to the reduction in pension while being hospitalized?

Answer. See attached "Question 24," exhibit B.

25. Question. Could better personal care be furnished with staff-aide program of Wacs trained in hospital routine, thus relieving nurses for more important duties?

Answer. No. Recommend porters be hired for janitor work, giving attendants more time to assist nurses. See attached "Nurses," No. 2, exhibit A.

26. Question. Are there any complaints on the part of the patients regarding the lack of information given them as to their physical condition and advice as to future treatment upon being discharged from the hospital?

Answer. Yes; in the past. See "Discharge Board," No. 29, exhibit A.

27. Question. What general or specific recommendations would you offer as to the medical treatment and hospital care of veterans in Veterans' Administration facilities?

Answer. (1) Medical treatment should be given to patient when needed in opinion of doctor regardless of regulations.

(2) Continuous treatment for veteran after operation until danger period is passed.

(3) Place veterans' welfare above red tape.

(4) Eliminate routine practices, such as attitude, policy, treatment, diagnosis.

(5) Treat veterans as human beings, not as "things."

(6) Regulations that will force doctors to attend schools on Government expense; salaries according to ability, knowledge, and accomplishment.

(7) Give the veteran the benefit of doubt in his diagnosis instead of the Veterans' Administration.

(8) Permit manager a free hand in hiring and firing of all employees regardless of Washington "friendships."



(9) Establish regional office in Oklahoma City, center of the State, and sub-regional offices in Enid, Lawton, Ada, Tulsa, and Muskogee, Okla.

(10) Keep Oklahoma veterans in Oklahoma hospitals.

(11) Strongly urge one or more new veteran hospitals in Oklahoma as the need is critical.

NOTE.—Exhibit A, attached, contains information secured personally by Department Commander Koch.

Exhibit B, attached, contains information obtained from P. T. Lunquest, manager of the veterans' facility, Muskogee, Okla., and statements made therein are his own and not the commander's.

Exhibit C, attached, contains information on one specific case, referred personally to the commander by the veteran, Marvin Henderson.

Exhibit D, attached, contains verbatim copies of letters received by the commander from veterans recently discharged from the Muskogee facility. Personal letters were sent by the commander to the last 50 veterans discharged from the facility, asking for their reaction to treatment, etc., and the copies enclosed are their answers. As these letters are confidential, we have not included names of the veterans writing them, but original letters are on file in department headquarters.

J. B. KOCH,

*Department Commander, Oklahoma.*

#### EXHIBIT A

#### VETERANS' ADMINISTRATION FACILITY, MUSKOGEE, OKLA.

At the request of the national commander for a survey of the Veterans' Administration facility located at Muskogee, Okla., I made a visit to that facility and contacted the manager, P. T. Lunquest, and the medical officer, Colonel Bates. I stated my mission to these gentlemen and was cordially received. Mr. Lunquest informed me that I had the freedom of any department or any office in the facility.

I first went on the floors of the respective wards of the hospital and talked with the patients concerning the treatment, food, and medical care. In making this survey and in interviewing the patients, it was my policy at all times to interview only those who I thought were not radical or who did not have a grievance against some of the personnel working in the facility.

The complaints are as follows:

#### NURSES

1. Nurses were found to be qualified, interested, and experienced, however, nurses of long service in the facility were not recognized for such service as to rank and superiority. It was suggested that some distinction be made between nurses with long service and those who had been employed only a short time.

2. In regard to Wacs as aids, patients felt that there would be some ill feeling if they were employed to assist the nurses and consequently the morale of the employees would not be as high as it would be if the nurses had complete charge of all the patients.

3. There is no telephone in the colored ward for the nurses to use at night.

4. It is felt that the nurses spend approximately 50 percent of the time keeping records.

#### RECREATION

5. There was some criticism of the recreational aid because of her lack of cooperation when organizations bring a program to the recreation hall.

#### PATIENTS

6. Patients' folders were sometimes carelessly handled and it seemed that on a very few occasions some persons outside the hospital were informed as to the ward or as to the diagnosis of a particular patient.

7. Complaints were registered in regard to ward clothing, the same being issued and worn in the summer as in the winter. A few of the patients with poor circulation needed warmer clothes, but last winter they had to wear the same clothes which had been issued during the summer. One patient in particular, at the time I interviewed him, was wearing three pajama shirts.

8. There seems to be some distinction between bed patients and ambulant patients. There is a tendency for the bed patients to be neglected to a certain extent, probably because of the manpower situation. It seems important that those veterans confined to beds should at times have immediate attention and this is not the policy at the present time.

9. Another complaint, and I think a just one, is that some time ago private radios were taken from several of the patients and all patients are forced to use the headsets provided by the hospital. The program transmitted to the entire hospital is controlled by the telephone operator and if she desires some certain program it will be carried on the hospital network regardless of what the patients want to hear. It is recommended that bed patients who have been confined to bed for a long period of time be given permission to use their private radios with headsets attached so as not to bother other patients.

10. It is recommended that more careful supervision of patients in the mental ward be given.

11. We object to the practice of the Veterans' Administration asking veterans for information regarding their insurance policies when admitted to the facility.

12. There is no privacy when a veteran is received at the hospital. He must answer all questions before all veterans seated in the very narrow hall.

#### DIET

13. Much dissatisfaction was expressed by several patients in regard to the dietitian. She seems to have complete control as to the type of employee, holidays for employees, and placing of employees.

14. Some of the employees were given days off and all Sunday off, while others on KP duty were not granted the same privileges.

15. It appears that cooks are dietitians, and KP's are cooks on KP pay. Most of the work is placed upon the other dietitians.

16. The dietitian has been employed for 8 years and she seems to take advantage of this fact. Complaints of her attitude to those working in the kitchen has been registered. It was reported that if one of the KP's asked her a question regarding some matter, he was bawled out or given harder duty. If complaints are made to some person in authority, the KP is bawled out again. It was reported that she has stool pigeons around the hospital who report everything they hear regarding her or the diet.

17. It was also reported that several KP's had transferred to the wards in order to keep from being persecuted or bawled out by the dietitian.

18. There is no noticeable difference between ward personnel and diet personnel. There was a complaint that those seating in the dining room had particular friends who were serving and as a result they received extra food because of the friendship with the KP's.

19. Trays start through the wards at approximately 7:05 a. m. Telephone office opens at 7 a. m. Ward personnel changes at approximately 7 a. m. If any changes in trays are to be made they cannot be made at the diet department until after 7 a. m. The dietitian comes on duty at 8 a. m., hence there is no one to answer the phone calls from the wards as the KP's and cooks are checking the outgoing trays at that time. When a KP can answer a phone and does, the nurse is bawled out for not notifying the kitchen sooner of the trouble, and if a tray has been missed a KP has to carry the tray up to the ward.

#### FOOD

20. The complaints regarding trays and tray wagons were quite numerous. Many carriers left the kitchen with spilled trays. Others were sent out not filled to capacity, and consequently it was reported that there were not enough carriers for the building. It was also noted that trays put on the carrier for the second floor sometimes would be sent to the fourth floor and when this error had been corrected the food was cold. These carriers are electrically heated but it seems that on numerous occasions the bed patients have been served cold food. Not much care is taken in preparing the trays; many times the food containers are too full of liquid and when the tray reaches the patient the liquid has spilled into the tray or into the plate. I visited one patient who had just been served. His tray was so dirty and messy he had to place a newspaper under it to keep from soiling the sheet.

21. This patient, referred to above, had a special diet consisting primarily of ice cream, and was entitled to all the ice cream he wanted. On his tray at this meal was a piece of butter, which he was not supposed to have, two apricots, one piece of bread, one boiled potato, an empty pitcher, and an empty glass. He did not know what was supposed to be in the pitcher or glass, and of course I didn't. We had quite a laugh over it. When the ice cream was served he received a very small portion and since this was practically all he could eat, this special diet should have been noted by the dietitian and he should have been given a larger helping.

22. It is suggested that occasionally a patient be given permission to write on a slip of paper what he wants to eat and if possible let him have it, with the approval of his doctor.

#### SPACE

23. All patients are received in a hall on the second floor. It is approximately 8 feet wide. Since there is a group of out-patients usually waiting, half of the space of this hall is taken up and it is difficult to get the tray carriers, which are approximately 3 feet wide, through the hall.

24. It seems a crime to have one complete building available and not in use at the present time. This is a building formerly called the mule barn, which it appears could easily be used as a reception ward for patients coming into the hospital at late hours during the night. At the present time, patients coming in at night are taken to the wards and cause some disturbance and arouse other patients who are supposed to be resting. It might be that some of the offices could be moved to this building, and the canteen, post office, and barber shop moved to the space now being used for offices.

#### NEGRO VETERANS

25. Some trouble, which occurred a few days before I arrived, was called to my attention. A group of the colored patients seated themselves at the counter of the canteen and demanded to be served. After this occurred the manager called a meeting of the representatives of all parties concerned, which seems to have solved the trouble for the time being. However, I am fearful of the consequences of colored and white veterans being associated together in the same hospital and not being allowed the same privileges. The colored veterans are allowed to come to the library and take out books and magazines, but unlike the white veterans they must leave and are not permitted to read or lounge in the library.

26. This facility hospitalizes veterans not only from Oklahoma but from Texas and Arkansas. As the hospital becomes crowded, I think there will be greater possibility of friction between colored and white veterans. We of the American Legion are greatly concerned over this problem and recommend to the manager of the Veterans' Administration that these patients be separated at once.

#### BARBER SHOP

27. The barber shop is approximately 15 by 18 feet, with three chairs. This is too small, especially for wheelchair patients, who have difficulty in getting in and out of the shop. Two barbers are employed at the present time.

#### BATH

28. The bathroom facilities on each ward certainly can be improved. There are no hooks for the patients to hang their robes or clothing. There are no shelves on which to lay their shaving material, and no rods in the showers to which a crippled patient might hold while he is taking a shower. Some improvised hooks have been made by the patients but they are not very substantial and are rusty. However, in the bathroom attached to the kitchen, which I presume is used by the kitchen personnel, there are shelves, hooks, and all modern equipment.

#### DISCHARGE BOARD

29. I appeared before the discharge board on two different occasions. The board is presided over by Colonel Bates, and only words of commendation have I of Colonel Bates and the manner in which he handles these discharges. Upon



his discharge, each veteran is asked if he has any complaints to make as to his medical treatment or any other service of the hospital and if he has any questions to ask concerning his physical condition at the time of his discharge or the medical findings of his doctor. Twenty men were discharged on two occasions and only one complaint was made and that was against a nurse employed at the facility.

#### CANTEEN

30. There are improvements that can be made in the canteen service. First, that of making provisions for the colored veterans who are not allowed in the canteen. Since it is located in a separate building from the hospital, some of the patients, especially those with asthma, are unable to reach the canteen in bad weather. It is recommended that the canteen be moved to the main hospital building. The dining room of the canteen is 20 by 30 feet, with six tables 4 by 4 feet, four chairs per table, a counter, and 10 chairs. This dining room is too small; boys in wheel chairs have difficulty getting in, and once they are in there is hardly room enough to serve anyone else. The canteen kitchen is 20 by 15 feet, which is large enough, but they do not have sufficient equipment. The steam table is 2 by 3 feet and much too small. The stove is 2 by 6 feet and also too small. They do, however, have a new electric refrigerator with sufficient capacity to fill their needs. The canteen is also used by the personnel, and certain hours should be set for the office workers in order that more patients can use the canteen at all other times.

31. The canteen is now operated by the Oklahoma Blind Commission. It is requested by the department commander of the American Legion that all canteens in veteran hospitals in Oklahoma be operated by disabled veterans if possible.

#### LIBRARY

32. The library is approximately 36 by 50 feet, with three reading tables and two writing tables, which appears ample.

#### POST OFFICE

33. The post office is approximately 6 by 9 feet in the lobby, with two wall desks, and is located in another building. At the present time the office is open from 11:30 a. m. to 2:30 p. m., which are hours when patients cannot get away from their wards. Lunch is served at 11:30, and the rest period ends at 2, which gives all patients in the hospital only 30 minutes to get to the post office before it closes. This is certainly not sufficient time. Sunday hours at the post office are from 9 a. m. to 10:30 a. m. Probably 8 a. m. to 10:30 a. m. would be better hours.

34. Some complaint was expressed regarding the inefficiency of handling mail on the wards. Someone should be responsible for the delivery of all mail to bed patients.

#### ATTENDANTS

35. The attendants spend a great deal of time—in fact, more time—in doing janitor work than they do in taking care of the patients. It is recommended that a colored porter be placed on each ward to do all janitor work. This will give the attendants more time for instruction and aiding the nurses.

36. It has been the tendency of the attendants, when cleaning up wards or rooms, to discard magazines that would be of interest to other patients. It is recommended that all magazines be saved and placed in the library for the benefit of other patients.

37. Attendants do just as little work as possible. Of course, this is understandable because of the low wage scale.

#### OUT-PATIENTS

38. Out-patients require too much time of the general staff as it takes them away from the wards. For one week the average number of out-patients each day was 16. I recommend that these out-patients be received in a special building or room and examined by appointed personnel there. I also recommend that a receiving ward be created with regular hours and that admittance of patients to wards at all hours during the night be discontinued.

## DOCTORS

39. According to present regulations the only expense allowed doctors taking postgraduate courses away from the hospital is for transportation. I recommend that while they are away they be paid per diem expense.

40. Better facilities are recommended for the doctor personnel working at the hospital. The houses furnished by the Veterans' Administration are not in keeping with the homes of doctors in civilian life. These should be improved, especially at the Muskogee facility.

## TREATMENT

41. One or two complaints made were that there does not seem to be enough attention given to a patient following an operation.

42. It was reported that sometime in the past two patients died and at the very time of death they did not have special nurses.

43. One report recently, in regard to a nurse and patient, was as follows: "A nurse was peeved at one of the bed patients and told the attendant to 'take the medicine to that jackass.'"

44. On another serious case it was reported that a doctor was asked about a special nurse for the veteran. The doctor is alleged to have replied, "Hell, no. He doesn't need a special nurse. He can't get out of bed."

45. I was told personally by a veteran the following: He had been hospitalized in an Army hospital for loss of a leg in combat and was in Muskogee visiting his family. He slipped and fell on the stump of the amputated leg and was immediately taken to the Muskogee Facility for treatment. The stump was swollen and was causing the veteran a great deal of pain. He asked that an X-ray be made, but since it was about 9 p. m., the X-ray technician was not present. The veteran then requested medicine to ease the pain. He was told that it was against regulations. He expected to be given a bed, but none was offered, and he was told to report the next morning. The veteran came back next morning and upon reporting to a doctor was asked "What do you want me to do?" When he requested an X-ray, he was sent to the X-ray technician for a permit and then sent back to the doctor for his O. K. on it. The veteran then had to wait in line for 1½ hours for the X-ray. No treatment or medicine was given him.

46. On one floor, and it may be the case on the other floors, there is only one nurse and one attendant on duty at night for 68 patients. During the day on the same floor there are 6 nurses and 6 attendants.

47. For a morale builder at the hospital we recommend more cooperation between the personnel and the patients.

## SUNROOMS

48. When the Muskogee Facility was erected, it is apparent that on each floor of four wards, on each of the wings of the administration building, they built therein "salon" or sun porch for each floor, a total of eight. Instead of each of these eight salons being equipped with lounge chairs for the comfort and convenience of the patients on that ward, the Veterans' Administration has placed five beds in each sunroom. This has the effect (1) of eliminating their use by sick veterans as a place of recreation, (2) giving each ward surgeon additional five patients to look after, and (3) giving each nurse additional patients to look after. It is recommended that a request be submitted to General Hines and P. T. Lunquest for removal of all beds in the sunrooms, and if the Veterans' Administration cannot furnish suitable furniture for the eight salons, ask that the American Legion and American Legion Auxiliary, and any other veteran organizations wishing to participate, be allowed to equip the salons with suitable furnishings.

## EXHIBIT B

Question 7. The medical staff meets regularly each Wednesday for a clinical and scientific program in which all members participate. At these meetings diagnostic problems and cases of unusual interest are presented and fully discussed. All death cases and autopsy reports are studied and discussed.

The county medical society occasionally meets at the facility. Last year 10 lectures on surgical diagnosis were given by Dr. A. G. Fletcher (FACS) under

the sponsorship of the Oklahoma State Medical Association. A fee of \$9 was charged and to receive credit seven lectures had to be attended. From 15 to 20 physicians attended each meeting and the Muskogee Facility was represented by Dr. Dyer, Captain Mengel, Major Dougherty, and Major Miller.

Question 10. A board was appointed by Manager Lanquest on March 1, 1945, consisting of the chief medical officer, chief of the medical service, and chief of the out-patient and reception service, to study and recommend indicated changes and expansion in our recreational program to more nearly meet the recreational requirements of the increased patient population represented in large number by the younger patients of World War II. This committee found that for the type of patients treated at this facility the existing recreational facilities are fully adequate. The committee listed over 20 recreational features now enjoyed by the patients, the most outstanding being two moving picture shows per week, two bingo parties per week, and the station radio.

Question 19. The approved bed capacity of the hospital is 420 beds. At present there are 12 physicians on duty, excluding the chief of the out-patient and the chief medical officer. For some time there has been a shortage of medical officers at this station as there has been everywhere, but three medical officers in military service have been assigned to report there on April 1, 1945. This will make a total of 15 for 420 beds. This is approximately 1 physician for approximately 28 patients, and it is probably more than the average for State, county, and municipal hospitals. However, a comparison cannot be made because in addition to his regular hospital work, the physicians at the facility spend a considerable part of their time in examinations for rating purposes. Furthermore, the examination reports are often more in detail than usually found in the average municipal hospital. The ratio of nurses and attendants is about commensurate with civilian hospitals.

Question 23.

The total admissions to the Muskogee Facility for 1944 were.....	3,347
Discharged against medical advice.....	152
Discharged, absent without leave.....	92
Total irregular discharges (about 7 percent of the admissions).....	244

The majority of those who are discharged as a. w. o. l. are not desirous of taking treatment. Many are applying for examination rather than for treatment. In many instances they present evidence of sickness or urgent business at home and secure a leave from the hospital and do not return. Many of these are the same type who are going a. w. o. l. in the service. There are several reasons for the discharges against medical advice:

(a) Quite a number apply for hospitalization when all they really desire is an examination for claims and rating purposes. At completion of the examination they are not willing to remain for treatment when they need it.

(b) Some who have no complaints whatever about their hospital treatment leave against medical advice for what they call private and personal reasons at home.

(c) Some get bad news from home and feel they must leave the hospital before their examinations are completed.

(d) Perhaps the greatest number leave the hospital against medical advice because they are in a hurry to get back to work and feel that they cannot spare the time from the job to complete the examination or their treatment. They come to the hospital with the impression that the examinations, including X-ray and laboratory, can be completed in 2 to 3 days, as is done in many private hospitals. Due to the volume of work and the thoroughness with which every complaint is investigated because of the probability of his filing a claim, more time is required to complete the examination in the Veterans' Administration hospital than in private hospitals. In a private hospital, a patient who needs hospital treatment may continue his treatment or go home, as he chooses. Patients in Veterans' Administration facilities may not be given a regular discharge until their ward physician feels that it is wise and safe for him to be discharged.

(e) Some patients leave against medical advice because they feel they have not had the full interest and attention of the ward physician. On investigation this proves to be true in a very few, yet far too many, instances. Practically all patients who ask to be discharged against medical advice are interviewed by the ward physician, the social-service department, and the chief medical officer. In a great many instances, after the situation is explained to the patient, he decides to remain therein for treatment.



Question 24. There is no statistical study, but a very small percentage, probably not over 1 percent, leave the hospital because their pension or compensation is reduced while they are in the hospital.

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EXHIBIT C

HENDERSON, MARVIN J., C-4,755,291

Discharged from the Army November 21, 1944.

Awarded \$57.50 pension for 50 percent disability November 22, 1944; service-connected on rheumatic fever.

Admitted, Muskogee Facility, February 21, 1945.

Discharged from Muskogee Facility February 21, 1945, with rating of disability "0" percent from March 31, 1945, based on examination of February 21, 1945.

Veteran returned home February 21, and had a recurrent attack the same day, February 21, 1945, which lasted until March 3, 1945.

Detailed evidence on this case attached hereto.

J. B. KOCH,

*Department Commander, American Legion of Oklahoma.*

(Enclosures.)

File No. C-4,755,291

AWARD OF DISABILITY COMPENSATION OR PENSION A-17 (SERVICE-CONNECTED)

DALLAS, TEX., *December 9, 1944.*

To: Mr. Marvin J. Henderson,  
110 West Tonhawa Street,  
Norman, Okla.

In accordance with the provisions of Public Law 2, Seventy-third Congress, as amended, you are hereby notified that as a private, Detachment of Pontoniers, Four Hundred and Thirty-second Bridge Unit, who was discharged from the Army service of the United States on the 21st day of November 1944, you are awarded pension in the amount of \$57.50 per month from November 22, 1944, to May 21, 1945, on account of disability resulting from the following conditions held to have been incurred or aggravated during your war service: Rheumatic fever.

The monthly payments pursuant to this award will continue during the period in which you are 50 percent disabled subject to the general conditions mentioned on the reverse side of this communication, to which your attention is directed. Upon the happening of any of the contingencies mentioned the Veterans' Administration should be notified promptly.

It has been determined that service connection is not shown for the following conditions: None.

If you are dissatisfied with the findings of the Veterans' Administration or the amount of this award, it is your privilege to enter an appeal therefrom within 1 year from the date of this communication. Such appeal should be submitted to the regional office for certification to the Board of Veterans' Appeals, Washington 25, D. C.

If you should change your present address, the Veterans' Administration must be immediately notified.

All future communications with reference to this case must bear the file number C-4,755,291, as well as your full name and complete rank and organization, and addressed to the Veterans' Administration, Muskogee, Okla.

S. P. KOHEN,

*Manager, Area Office No. 8, Veterans' Administration.*

VETERANS' ADMINISTRATION,  
Muskogee, Okla., *March 21, 1945.*

MR. MARVIN J. HENDERSON,  
110 West Tonkawa, Norman, Okla.

DEAR SIR: You were notified in the letter dated December 9, 1944, that the award outlined therein was for a limited period.

Your case has been reviewed in connection with the report of your examination dated February 21, 1945, with it being held that your service-connected disablement should be evaluated at 0 percent from March 31, 1945.

You are further advised that the current decision does not show that your service-connected disablement results in a vocational handicap. Accordingly, you are no longer eligible for vocational training under the program provided under Public Law 16, Seventy-eighth Congress. However, you may be entitled to the training program under Public Law 346, Seventy-eighth Congress, commonly referred to as the GI bill. Attached you will find instructions for making application under the GI bill.

You may secure reconsideration at any time on the question of the degree of your service-connected disability upon the presentation of evidence tending to show that such disability has become disabling to a greater extent than as disclosed by the last Administration examination. It is also your privilege to request review of the decision, provided the request for such review is filed within 1 year from the date of the mailing of this notice.

A representative of the American Red Cross, to whom you gave your power of attorney, personally appeared before the rating board at a hearing prior to the rating of this claim. A copy of this letter is being furnished the American Red Cross.

Very truly yours,

L. L. MALSED,  
Adjudication Officer.

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NORMAN, OKLA., March 30, 1945.

*To Whom it May Concern:*

This is to certify that I have treated Marvin Henderson, Norman, Okla., age 19 for a recurrent attack of rheumatic fever. The onset of this attack was February 21, 1945 and lasted until March 3, 1945. The right wrist and right shoulder joints were swollen and tender and the patient had fever during this attack.

Yours very truly,

O. M. WOODSON, M. D.

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NORMAN, OKLA., April 9, 1945.

*To Whom it May Concern:*

This is to certify that Marvin J. Henderson has been employed by this cafe as a cook since early in December 1944. During the time Mr. Henderson has been employed by us he has had to be relieved from his duties on several occasions due to illness.

On February 21, 1945, Mr. Henderson was granted leave from his work to report to the Veterans' Administration, Muskogee, Okla., for physical examination. Immediately after his return from Muskogee, Mr. Henderson became quite ill while working in our kitchen and it became necessary to remove him to his home. On this occasion he missed several days' work.

THE CHICKEN SHACK CAFE,  
NITA E. GARRISON, Partner.

This is to certify that I, Marvin J. Henderson, reported to the Veterans' Administration at Muskogee, Okla., on February 21, 1945, and underwent a physical examination there from 8 a. m. to 3:30 p. m., on that date.

MARVIN J. HENDERSON,  
Claim C-4,755,291.

(Formerly Pvt. Marvin J. Henderson, ASN 38564105, Squadron D, 432 Base Unit, Portland Army Air Base.)

STATE OF OKLAHOMA,  
County of Cleveland, ss:

Subscribed and sworn to before me, a notary public, this 10th day of April 1945.

[SEAL]

O. D. OLIVER, Notary Public.

My commission expires August 17, 1947.

## EXHIBIT D

APRIL 23, 1945.

SIR: Regarding treatment and medical care at veterans' hospital at Muskogee Okla., I am happy to report excellent treatment both in medical and courtesy, and food. However, I do think that I was let down in regards to my compensation claim. I got my bonus and bought an 80-acre farm. I did O. K. on 10-percent service-connection disability as long as I was able to work, then my health broke down. I sold the place and we have eaten that up. I have 8 children and my wife; 6 children to support yet, and am drawing \$11.50 compensation per month.

I was wounded in action with Company I, Sixteenth Infantry, First Division. Was in old Mexico, 1916. Went to France June 14, 1917. Over top four times. Cited for bravery in action. Landed back home September 8, 1919. With Pershing's picked regiment, a hero weighing 164 pounds, height 5 feet 11½ inches. Now I weigh 128 pounds, am 5 feet 8 inches, and no hero.

Now, in these wounds I might have had my nerve broken. Had my first epileptic fit in 1919 and they had record of it in 1919, leaving out the "1," which would have made it be 1909. Well, so much for that.

My present diagnosis:

Gunshot wound left hand, arthritis of spine, left arm, and hand. Bursted eardrum, right ear. Chronic bronchitis, epilepsy (1909), correct 1919. This was before I entered service and my dog tag No. R44972 was attached, proving it was later than 1918 for it was then that we got our serial number. I am totally disabled to do any labor but am unable to make them understand it.

Written by wife.

(Signed by veteran.)

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APACHE, OKLA., April 24, 1945.

Mr. J. B. KOCH,

*Department Commander, Oklahoma City, Okla.*

DEAR SIR: In regards to your letter I have no complaints on the medical treatment, nurses, attendants, food or canteen service at Muskogee. It all was very nice. The only complaint I have is the amount of compensation that I received. I haven't been able to work since I was discharged. I don't know how a man can support a wife and child on \$11.50 a month. Do you?

If you can help me on this matter, I will appreciate it. If you can't, please inform me who can.

Thank you.

Yours truly,

---

APRIL 23, 1945.

Mr. J. B. KOCH:

In answer to your letter I got the other day in regards to my treatments in the Muskogee Hospital. The treatments are all O. K. The doctor and nurses, D food D attendants and canteen service are all O. K. But I think there are some patients there too long before they get the medical treatment they should. I think the medical examination is not as complete as it should be.

Yours truly,

---

APRIL 23, 1945.

Mr. J. B. KOCH,

*Department Commander.*

DEAR COMRADE KOCH: In answer to your letter of April 19, 1945.

I received prompt and efficient medical examination and treatment upon my admittance to the hospital at Muskogee. I believe the doctors and nurses are doing a splendid job, considering the shortage of doctors and nurses during this critical time.

There was ample food and it was well prepared and served.

I believe it would be to everyone's advantage to enlarge the canteen and have some arrangements to serve the colored patients. Also believe it would be better to make some arrangements to have the elevator operator, car drivers, and



others that are living in the rooms on the wards to live outside. That would give several more beds to patients that are having to wait their turn to enter the hospital for treatment.

Sincerely yours,

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APRIL 22, 1945.

Mr. J. B. KOCH.

DEAR COMRADE: I received your letter of April 20. I am proud to say that I was treated swell, at the hospital at Muskogee, although they told me that they couldn't do my back any good. I really believe if they can do a buddy any good they will do so, if they cannot they will tell him.

I am proud to be a member of the American Legion that is interested in each and every member.

Sincerely yours,

---

APRIL 23, 1945.

To the AMERICAN LEGION,

*Oklahoma City, Okla.*

(Mr. J. B. Koch, department commander.)

DEAR SIR: Recently I was a patient at the Muskogee facility and you would like to know how I was treated there. The nurses were very nice to me; and attendants wonderful; food was all right; canteen service could be better, Legion service wonderful. Now when it comes to medical treatment you mostly have to wait 90 days for them to decide whether you have a disability or not. Now take my case for instance; I have a nonconnected disability, so they say. I have filed my claim April 10, 1944, and have been disallowed; and I have TB kidney and did not know anything about kidney troubles till I entered the Navy and I worked 3 years for the North American Aviation, Inc., at Dallas, Tex., and no time off, and no one wants to hire me here. I have not worked since 29th day of September 1944 and I have no income whatsoever. My GI bill adjustment allowance has played out. I am in need of assistance now. The Veterans' Administration could do better for me if they would. No money, no food; and while I was there in the hospital they did not tell me my diagnosis or anything and I had to leave on furlough, my wife was sick at home, and had to leave the hospital; they could provide some care for me. No one wants to hire me for fear I can't hold the job; if you can help me I will appreciate it very much if you can help me. I am in very need of help at this moment.

Sincerely yours,

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APRIL 23, 1945.

Mr. J. B. KOCH.

DEAR SIR: I will answer your letter that I received April 21. I am sure proud to know that we disabled veterans have the American Legion on our side. The medical treatment and nurses, food, canteen service, were fine; also the service officer of the American Legion.

Thank you.

Sincerely yours,

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APRIL 25, 1945.

Mr. J. B. KOCH:

DEAR SIR: In regard to your letter of April 20 in regard to conditions at the Muskogee Hospital. Will try to answer your questions. I was pleased with the way I got along. I only took treatment from one doctor and I think he is competent in his line. Nurses and orderlies in that ward seem to be willing and competent; the canteen service could be improved and I think would be if help could be had as I heard the manager complain that he couldn't find enough help to get the work all done he wanted to.

Sincerely yours,

APRIL 24, 1945.

Mr. J. B. KOCH.

DEAR SIR: I was the receiver of your most kind and welcome letter a few days past, which concerns my treatment at the Veteran Hospital at Muskogee, Okla., some few weeks I was there.

Well, Mr. Koch, I don't hardly have the words to express my thoughts; the best I can say to let you know is all right; the food was the same and other things likewise; but as it is now I am not able to work after an operation, as you know; no kind of income; looking for a pension but haven't heard a word from it; just waiting as we all have to; glad you was kind enough to write me for my opinion about my treatments there at the veterans' hospital.

It may be a little out of line about my condition but I just had to let you know about it. Thanks for writing.

Sincerely yours,

CHANDLER, OKLA., April 23, 1945.

The AMERICAN LEGION,  
Department of Oklahoma.

DEAR SIR: Now about my complaints, they are the same as it was when I was discharged and it's where you can look at it, and it's service-connected, and the doctor at Muskogee just looked at me and said that my complaint was no more handicap, and when I left there I couldn't hardly wear a shoe and it is the same way now. Canteen service is no good for colored veteran; the American Legion is fine. But I'll never go to that hospital again. Nurses are fine. I don't know anything about the white veteran. But I do know about the colored; if they would let them sign out one-half of them would do it; some of the colored veterans just walked away because they were not getting treatment.

Sincerely yours,

VETERANS OF FOREIGN WARS OF THE UNITED STATES,  
NATIONAL REHABILITATION SERVICE,  
Washington 5, D. C.

#### OKLAHOMA (ONE HOSPITAL)

Muskogee Facility, Muskogee: General hospital, 420 beds.

Complaints: Shortage of attendants; food often served cold.

Recommendations: Correction of above. Canteen unsatisfactory.

Remarks: The suggestion is made that some members of the medical staff be replaced by younger men, and that the chief medical officer be given more authority. Also a general pay increase is advocated, and out-patient treatment for all totally disabled veterans, regardless of service connections. Changes in dental regulations are also said to be in order.

VETERANS OF FOREIGN WARS OF THE UNITED STATES, DEPARTMENT OF OKLAHOMA,  
REPORT OF SURVEY MADE OF THE VETERANS FACILITIES, MUSKOGEE, OKLA.  
APRIL 30, 1945

(Alex A. Williams, chairman of committee; Arch A. Jones, member of committee)

1. Answer. No. We interviewed some five or six patients in each ward of this veterans' facility and we had no complaints of the medical treatment and hospital care, except that which is explained in No. 8.

2. Answer. No. 1 answers this question.

3. Answer. Investigation discloses that the standards of treatment in this veterans' hospital exceeds that of the two local hospitals in Muskogee. The doctor sees each patient two or more times daily and the ward doctor has an office in each ward and can be called on a moment's notice. I find that the doctors in the private hospitals only see their patients one time a day, and, at the most, twice a day.

4. Answer. Yes.

5. Answer. No.

6. Answer. They have sufficient authority under the present regulations.

7. Answer. The medical staff meets regularly each Wednesday for a clinical and scientific program in which all members participate. At these meetings diagnostic problems and cases of unusual interest are presented and fully discussed. All death cases and autopsy reports are studied and discussed.

The county medical society occasionally meets at this facility. Last year, 10 lectures on surgical diagnosis were given by Dr. A. G. Fletcher (FACS) under the sponsorship of the Oklahoma State Medical Association. A fee of \$9 was charged and to receive credit seven lectures had to be attended. From 15 to 20 physicians attended each meeting and this facility was represented by Dr. Dyer, Captain Mengel, Major Dougherty, and Major Miller.

Members of the staff give lectures to the nurses in attendance on the care of patients.

However, the Veterans of Foreign Wars feel that some plan should be worked out whereby all expenses of physicians designated to attend lecture courses outside the area should be paid. They should be allowed per diem and transportation and time spent in taking these courses should not be charged to their annual leave. They should be considered on duty. We feel that the time taken for these lecture courses would be well worth while and beneficial to the care of the patient.

This facility subscribes to 22 medical and technical journals. These journals are read and kept on file for the use of the surgeons at all times.

8. Answer. No complaint as to the quantity and variety of the food, but those patients who have to eat in the war have a general complaint that the food is cold when it reaches them. On investigation, I find that this is brought about primarily by the majority of the food carts being old type and that they are unable to keep the food warm in these carts from the time they leave the mess hall until they reach the patients in the various wards. Also, at the present time, they are short of orderlies on the wards. Consequently, it takes longer to deliver the food than it would if they had sufficient help. I, therefore, recommend that new and up-to-date food carts be supplied.

9. Answer. No.

10. Answer. The recreational facilities in this veterans' hospital are inadequate to meet the requirements of modern medicine. While they have two picture shows a week, two bingo parties weekly, have a library, and have radio earphones on each bed, these do not, in our opinion, meet the requirements that should be furnished.

11. Answer. No. I found no one, either patient or employee, satisfied with this service.

12. Answer. Yes.

13. Answer. Apparently they are proper.

14. Answer. I found only one patient out of the number of patients interviewed who complained that he had to remain in the hospital a number of days before treatment was started, and after that, this patient stated, he was absolutely satisfied with the care.

15. Answer. The hospital throughout is kept in the very best condition in regards to cleanliness. The kitchen where the food is prepared is as clean as it possibly could be kept at all times. The grounds are clean and beautified. The grounds around this hospital are a show garden to compare with any park in the Nation.

16. Answer. Yes.

17. Answer. Yes.

18. Answer. Yes. The chief contact officer, S. T. Ingram, and contact representative, Sam Morrison, and other employees in the contact office render outstanding service. The Veterans of Foreign Wars is especially grateful to the personnel of the contact office and for their interest and every act of kindness shown to our disabled comrades. I feel sure that the work of this office would be a shining example to other contact offices in other veterans' facilities.

19. Answer. The average number of patients in this veterans' facility to full-time physicians is 50; the average number of patients per nurse is 20; the average number of patients per attendant is 8. The average number of patients per doctor in the State hospitals in this State is 320; the average number of patients per nurse is 100; the average number of patients per attendant is 10.

20. Answer. The patients are not too crowded and they have sufficient floor space.



21. Answer. The personnel in the low brackets of pay are very dissatisfied due to the fact that the pay is not sufficient for a man to live and give his family the necessary needs of the standards of living. Therefore, I recommend that the base pay of orderlies and mess attendants be increased to \$1,800 per annum, and the nurses' pay be increased at least 20 percent, to compare with the pay that they may receive in private practice. There are other groups in the Veterans' Administration that are not adequately paid. It is recommended by the Veterans of Foreign Wars that the whole pay structure of the Veterans' Administration employees be reexamined with the view to making proper adjustments which are long overdue.

I find in the kitchen more dissatisfaction among the employees than in any other department in the hospital. At the present time they are using three KP's as cooks, but not paying them cooks' salaries, and one KP acts as baker, has been baking for 3 years, and is still drawing the salary of a KP. This naturally causes dissatisfaction among all the employees of this department. I also find that the chef and the head cook refuse to turn their hands to aid in the cooking and preparing of the food, except to give advice. These two men should, especially under present conditions, be required to help prepare the food the same as any other employee.

22. Answer. From the information that we are intelligently able to get, it is recommended that this facility be increased by 100 percent. However, we feel that the Veterans' Administration should have already worked out the plans for increasing bed space to take care of the expected peak load.

23. Answer:

Total admissions to hospital for 1944.....	3,347
Discharged against medical advice.....	152
Discharged a. w. o. l.....	92
Total irregular discharges (about 7 percent of the admissions).....	244

The majority of those who are discharged as a. w. o. l. are not desirous of taking treatment. Many are applying for examination rather than for treatment. In many instances they present evidence of sickness or urgent business at home and secure a leave from the hospital and do not return. Many of these are the same type who are going a. w. o. l. in the service. There are several reasons for the discharges against medical advice:

(a) Quite a number apply for hospitalization when all they really desire is an examination for claims and rating purposes. At completion of the examination they are not willing to remain for treatment when they need it.

(b) Some who have no complaints whatever about their hospital treatment leave against medical advice for what they call private and personal reasons at home.

(c) Some get bad news from home and feel that they must leave the hospital before their examinations are completed.

(d) Perhaps the greatest number leave the hospital against medical advice because they are in a hurry to get back to work and feel that they cannot spare the time from the job to complete the examination or their treatment. They come to the hospital with the impression that the examinations, including X-ray and laboratory, can be completed in 2 or 3 days, as is done in many private hospitals. Due to the volume of work and the thoroughness with which every complaint is investigated because of the probability of his filing a claim, more time is required to complete the examination in the Veterans' Administration hospital than in private hospitals. In a private hospital patients who need hospital treatment may continue his treatment or go home as he chooses. Patients in Veterans' Administration facilities may not be given a regular discharge until their ward physician feels that it is wise and safe for him to be discharged.

(e) And, finally, it must be admitted with humility that some patients leave against medical advice because they feel that they have not had the full interest and attention of the ward physician. On investigation, this proves to be true in a very few, yet far too many, instances.

Practically all patients who ask to be discharged against medical advice are interviewed by the ward physician, the social-service department, and the chief medical officer. In a great many instances, after the situation is explained to the patient, he decides to remain therein for treatment.

24. Answer. No. The attendants in this veteran's facility must be men. The work to be done is a man's job and the number of ward attendants in this veterans' facility should be increased.

25. Answer. We have no statistical study but a very small percentage, probably not over 1 percent, leave the hospital because their pension or compensation is reduced while they are in the hospital.

26. Answer. There are many complaints on this item. They stem from those patients who are non-service-connected and drawing total disability. Those with chronic diseases requiring constant medication, such as diabetes and pernicious anemia are constantly in and out of the veterans' hospital because they do not know how much medicine to take and are not able to buy the medicine required. In order to eliminate this major complaint, it is recommended by the Veterans of Foreign Wars that these patients be furnished medicine free by the Out-Patient Division of the Veterans' Administration. This is the cheapest way out for the Veterans' Administration and it is the best way to prolong the veterans' life.

27. Answer. In order to improve the treatment now being furnished to veterans in veterans' hospitals the following recommendations are made to improve the general policy now in effect:

(a) We find that the pay structure of the minor employees is too low, especially that of the ward attendants and in the mess hall, and for this reason this facility is short the number of attendants and the type of attendants that is needed. Therefore, we recommend that the orderlies and the mess attendant's base pay be increased to \$1,800 per annum and the nurse's pay be increased at least 20 percent, and we further recommend that the entire pay structure of all Veterans' Administration employees be reexamined with the view to making proper adjustments which are long overdue.

(b) It is recommended that complete authority over the administration of the medical staff in this hospital be given entirely into the hands of the chief medical officer and that he be solely responsible for the function of the hospital as far as the medical treatment and the care of the patients is concerned.

(c) I find some of the doctors are physically ill and in reality not able to give the medical care a doctor should give a patient. I recommend that these doctors be retired and younger doctors be employed to fill their places, as quickly as possible.

(d) There is a general dissatisfaction with the R. and P. governing the dental clinics in the veterans' hospital, in 75 percent of the cases where a veteran is given what is called auxiliary treatment by extracting his teeth and false teeth furnished him, after several months usage the false teeth do not fit. The veteran then finds himself without any teeth, natural or false. Yet, very little expense and time would be required to reline the plates and make the false teeth usable to the veteran, but the present regulations do not permit the dental clinic to do this work. For this reason the whole initial effort to improve the man's health is wasted. It is recommended that the Veterans' Administration revise this policy and permit the dental clinic to repair and furnish false teeth to the veteran that are usable.

(e) There is not now proper facility to rehabilitate the psychoneurosis patient. He either must be hospitalized in a general medical hospital or sent to an NP hospital where they take men with all types of psychosis and he is thrown with patients that are entirely insane and incompetent. This type of patient who is competent should have provision made for this rehabilitation by establishing facilities known as rehabilitation centers rather than hospitals. In these centers this man could first have a proper diagnosis and then steps be taken to fit him back into useful and gainful employment where he can be an asset to the Nation rather than a liability.

ALEX A. WILLIAMS, *Chairman of Committee.*

HOOD RIVER, OREG., May 10, 1945.

Mr. EDWARD N. SCHEIBERLING,

*National Commander, the American Legion, Washington, D. C.*

DEAR COMMANDER SCHEIBERLING: I have been giving a great deal of time to the investigation of the veterans' facilities in Portland and Roseburg. I have used my rehabilitation commission of three men, together with service officers, and others. My report will be finished Saturday and will air-mail it to you at that time.

Very truly yours,

PENN C. CRUM,  
*Department Commander.*

THE AMERICAN LEGION, DEPARTMENT OF OREGON,  
Portland, Oreg., May 12, 1945.

Mr. EDWARD N. SCHEIBERLING,

*National Commander, the American Legion, Washington, D. C.*

DEAR COMMANDER SCHEIBERLING: I am herewith submitting reports on the Veterans' Administration facility in Portland, Oreg., and on the veterans' facility at Roseburg, Oreg.

I have investigated both institutions with the help of our service officer and field secretary and my department rehabilitation commission. This is composed of three men, all with a background of veterans affairs and service work. We used 3 days in Portland and 2 days in Roseburg. We investigated and ran down reports of individual cases and heresay complaints and feel that our findings are very complete and our recommendations would be to the advancement of the service given by these institutions.

I regret that I was unable to get this report in earlier, but these men are all extremely busy, or keymen in their organizations, and we had to wait until they could all be together.

Very truly yours,

PENN C. CRUM,  
*Department Commander.*

ANSWERS TO QUESTIONS IN RE PORTLAND, OREG., FACILITY, VETERANS' ADMINISTRATION  
(GENERAL MEDICAL AND SURGICAL, 526 BEDS)

1. Answer. We found no specific cases.
2. Answer. We are informed that if there are any specific cases, they are immediately corrected.
3. Answer. We consider the standards of the Portland Facility, Veterans' Administration, higher than other institutions.
4. Answer. The manager was slightly evasive, but our observations and questions reveal that there is restriction on administration and procurement. We recommend further decentralization of authority in the above categories.
5. Answer. (a) From the medical standpoint, they do not feel they are undue restrictions. (b) Closely coordinated central office control prohibits the latitude necessary for local administration.
6. Answer. This committee received evasive answers, but after questions and observation for 3 days, we are of the opinion that the practice of central office procurement of professional and subprofessional personnel without direct interview by the local facility, prevents satisfactory employee relations prior to assignment.
7. Answer. The manager advised that he had received encouragement in support in research, and that he did participate in clinical meetings, symposiums, medical lectures, etc.; however, a spot check among the staff members revealed that they did not receive the same accord.
8. Answer. In our opinion, we found the quality, quantity, variety, and preparation of the food in this hospital adequate.
9. Answer. There have been isolated cases of neglect and abuse, however, when such instances have occurred, the heads of the department concerned, have corrected it immediately.
10. Answer. No.
11. Answer. The canteen service seems adequate, and the prices charged are ceiling prices. It is recommended that consideration be given to the establishing of a veterans' facility canteen, with Federal subsidy.
12. Answer. Investigation shows much of the equipment was installed in 1928 when the hospital was opened. Due to improvement in the medical equipment, it is requested that modern equipment be procured to replace the old, and a survey made for needed additional equipment.
13. Answer. Proper.
14. Answer. Many seem to feel that they are required to remain in the receiving ward too long.
15. Answer. Considering the manpower shortage, it is good.
16. Answer. Satisfactory.
17. Answer. Fair.
18. Answer. Positively, no. (a) Not satisfactory due to apparent lack of supervision and organized program. (b) At present service is inadequate to serve the entire State.



19. Answer. The ratio in the veterans' hospital is more favorable, however, the table of organization does not provide sufficient doctors, and it is necessary to utilize supernumerary to fill in.

20. Answer. (a) Yes. (b) No.

We find beds in solariums, and two beds in single-bed wards, and crowding of beds in other wards.

21. Answer. Apparently satisfactory. There is apparent dissatisfaction between the staff doctors and the supernumerary doctors.

22. Answer. Five hundred general medical and surgical beds.

23. Answer. Small percentage.

24. Answer. Great percent of those under question 23.

25. Answer. If properly trained and given limited duties.

26. Answer. Yes.

27. Answer. (1) There should be segregation of drunks and alcoholics in the receiving ward.

(2) The equipment in the kitchen is in need of replacement. Electrically manually operated toasting equipment worn out and entirely inadequate, requiring at least 3 hours each morning to prepare toast for patients prior to serving. Immediate replacement of meat grinders, mixing machines, dishwasher, bake ovens, etc., which are completely out of service or badly in need of repair. Modern coffee-making facilities commensurate with the quantity of coffee required to properly serve the present patient load. Remove restrictions on use of aluminum paint in kitchen where badly needed.

(3) Construction: (a) Construct new 300-bed hospital building north of administration building on present parking area. (b) Extend present infirmary building on both ends, thereby providing 200 additional beds. (c) Remove partitions in upper story of building No. 2 for additional dining rooms. Expansion of kitchen facility and equipment to be commensurate with above increase in patient load. Install fast dumb-waiters from kitchen to second floor dining rooms. (Note: Lower floor of this building is present dining room and kitchen.) (d) Extend nurses' quarters to south. Construct attendants quarters east of powerhouse. Extend present garage building both west and east for shops and additional garage space. Utilize present shop space for storage of general supplies. Above will provide 500 additional beds and accommodations for added personnel.

(4) That strict conformity to uniform allocation of not less than 80 square feet bed space per patient be adhered to.

(5) It is apparent that there is not sufficient authority given the management with the responsibility, therefore, it is recommended that the central office should decentralize many of its functions thus allowing regional and facility managers more latitude in functional supervision.

#### GENERAL RECOMMENDATIONS

1. It is recommended that facility managers and all other key personnel be rotated at approximately 5-year periods of service.

2. Readjustment of salary standards to permit employment of higher-type personnel.

#### ANSWERS TO QUESTIONS IN RE ROSEBURG FACILITY, OREG., VETERANS' ADMINISTRATION (NEUROPSYCHIATRIC, 659 BEDS)

1. Answer. We found no specific cases.

2. Answer. We are informed that if there are any specific cases, they are immediately corrected.

3. Answer. Higher, but not satisfactory.

4. Answer. Our observations and questions reveal there are restrictions on administration and procurement. We recommend further decentralization of authority in the above category.

5. Answer. (a) From the medical standpoint, they do not feel there are undue restrictions. (b) Closely coordinated central office control prohibits the latitude necessary for local administration.

6. Answer. This committee received frank answers, but after questions and observations for 2 days, we are of the opinion that the practice of central office procurement of professional and subprofessional personnel without direct inter-

view by the local facility prevents satisfactory employee relations prior to assignments.

7. Answer. No. Apparently not interested, and from our observation, not well received by respective societies.

8. Answer. (a) Manager says quality and quantity excellent, but preparation poor. (b) Our observation reveals quality of dry foods, processed foods, and meats were adequate. The lack of fresh fruit and vegetables very noticeable. (c) Pork raised on station and killed locally indicated "no inspection" under State or Federal law. (d) Preparation very poor and tasteless. (e) No tablecloths on patients' tables. (f) Coffee very poor, rancid.

9. Answer. Several cases, patient and employee; several cases employee versus patient; corrective measures taken when brought to attention of manager; however, we are led to believe instances of assault on patient by attendants occur without knowledge of the manager, due to inadequate direct supervision.

10. Answer. No.

11. Answer. This facility has no canteen service, and we recommend one be installed and operated by Veterans' Administration.

12. Answer. All medical equipment except dental and electroencephalograph is usable, but outmoded. We recommend early replacement by modern equipment. Very apparent several continuous flowing tubs are extremely necessary. X-ray equipment not insulated and not shock-proof, a hazard to operation. Clinical arrangements not satisfactory. (NOTE.—General medical and surgical patients without psychosis hospitalized in locked wards.)

13. Answer. To our knowledge, proper.

14. Answer. Not applicable in this facility.

15. Answer. Only fair; however, we must consider inability to secure adequate personnel to handle this type of work, and the patients' mental instability to do the work. Pantries, utility rooms, etc., not transgressed by general public appear to be neglected.

16. Answer. Not answerable for this facility.

17. Answer. None available by public conveyance.

18. Answer. Adequate.

19. Answer. We feel this question is not proper as the standards in veterans' hospitals should be higher than those established by charity institutions. It is apparent however, that the ratio of patient to professional and subprofessional and other employees is not adequate.

20. Answer. (a) Yes. (b) No. (c) Certain space being used for ward purposes not suitable because of lack of ventilation and dinginess. Over-all building standards should be improved.

21. Answer. It is apparent that several members of hospital personnel are dissatisfied with the attitude and practice of the manager, and the clinical director, and the manager's secretary, who serves as personal clerk, who appears to assume managerial authority. It is further apparent, from spot check that manager of facility does not make regular weekly inspection of his facility. It is questionable in the minds of this committee, as to whether the manager makes either spontaneous or spot visits to the wards and utilities in this facility.

22. Answer. We recommend a minimum of 700 addition neuropsychiatric beds for treatment of male and female patients, in addition to present installed facilities, with a minimum of at least 80 square feet of floor space per patient.

23. Answer. Very few.

24. Answer. Does not apply to this facility.

25. Answer. Manager of facility would be very favorable and could use 20 or more in which opinion we concur.

26. Answer. It is recommended the establishment of social service in this hospital. It is further recommended that surveys be made of home conditions, prior to release on trial visits, and that follow-up service be maintained. It is further recommended, that expense of returning patients to hospital from trial visits be defrayed by Veterans' Administration.

27. Answer. (a) Construction: See answer No. 22.

(b) Immediate construction of a field house for recreation and exercise purposes to consist of a floor space of not less than 90,000 square feet. This field house to provide for volley-ball court, soft ball, basket ball, shuffleboard, badminton, hand ball, portable bowling alley and setting-up exercises. (Knock-down air force airplane hangers should be considered).

(c) Immediate expansion of occupational therapy buildings.

NOTE: Present occupational therapy facilities entirely inadequate and therapy is outmoded. Anticipated additional patients for this facility prompts a recom-

mendation that floor space of at least four times present area be provided for adequate occupational therapy.

(d) Fence entire reservation with ornamental fencing, thereby enabling many patients to receive ground parole, which patients are now restricted to highly congested wards.

(e) Installation of adequate concrete sidewalks.

(f) Proper incinerator be installed for disposition of refuse.

(2) Kitchen: Immediate procurement of solid grill for electric ranges in order to permit broiling and frying. Installation of baking ovens that are now on the station. Procurement of modern heated (electric) food carts. Procurement and installation modern serving table for cafeteria feeding in mail dining room. Procurement of citrus fruits and fresh vegetables to patients.

(3) That strict conformity to uniform allocation of not less than 80 square feet bed space per patient be adhered to.

(4) It is apparent that there is not sufficient authority given the management with the responsibility, therefore, it is recommended that the central office should decentralize many of its functions, thus allowing regional and facility management more latitude in functional supervision.

#### GENERAL RECOMMENDATIONS

1. It is recommended that facility managers and all other key personnel be rotated at approximately 5-year periods of service.

2. Readjustment of salary standards to permit employment of higher-type personnel.

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#### VETERANS OF FOREIGN WARS OF THE UNITED STATES, NATIONAL REHABILITATION SERVICE, Washington 5, D. C. OREGON (TWO HOSPITALS)

Roseburg Facility, Roseburg: Neuropsychiatric hospital, 659 beds.

Complaints: Allegations of mistreatment by attendants. (NOTE.—Remedial action taken when allegations sustained.) Shortage of professional and nursing staff; preparation of food unsatisfactory; kitchen sanitation inadequate; recreation facilities inadequate; sewage disposal unsatisfactory.

Recommendations: Correction of above.

Portland Facility, Portland: General medical hospital, 526 beds.

Complaints: Alleged mental abuse of patients by one physician; shortage of medical and nursing staff; overcrowding; preparation of food unsatisfactory; lack of recreation facilities.

Recommendation: Correction of above.

Remarks: It is also recommended that the Camp White Hospital be transferred to the Veterans' Administration and used for neuropsychiatric patients, and Roseburg be converted to domiciliary barracks or to a general medical hospital. That as to Portland, the space between present buildings be enclosed; installation of at least 500 beds for general medical and surgical patients, with the erection of a separate ward for neuropsychiatric patients.

APRIL 9, 1945.

PETE FREDERICKSON,

*Commander, Department of Oregon, Veterans of Foreign Wars,  
Grants Pass, Oreg.*

DEAR PETE: The following list of answers to the numbered questions relative to the Roseburg Facility are submitted for your use in compiling your reply to the commander-in-chief.

1. Answer. No complaints as to medical treatment. Frequently recurring complaints of mistreatment from attendants by physical violence.

2. Answer. All complaints thoroughly investigated by boards of officers and where any violations are found remedial action is always taken. (The attendant is usually summarily dismissed.) (Pete: I have personal knowledge of several dismissals.)

3. Answer. Far superior.

4. Answer. Manager, yes. Clinical director, no.



5. Answer. Manager, no. Clinical director, preadmission requirements by regulations are too stringent. (By this he means that in many cases treatment cannot be commenced because of the necessity of always proving eligibility before admission except in cases of emergency.)

6. Answer. No. Not even consulted about acceptability of doctors. Manager feels that Roseburg is used as a dumping grounds for doctors not desired elsewhere. Sufficient authority as applying to nurse and attendants.

7. Answer. Plenty of encouragement but little opportunity.

8. Answer. Quality far above that obtainable on the local market. (The facility produces a large portion of excellent foodstuffs.) Quantity, ample. Preparation: "Not fit to eat" as stated by manager, "flavor destroyed by steam cooking" as reported by clinical director, "Rotten" as reported by several patients.

9. Answer. See question No. 1.

10. Answer. Inside recreation facilities, fair. At present the staff has no recreational officer due to recent death and inability to secure personnel. Outside recreation practically nil. Recommend provision of suitable athletic-type equipment including exercise bars, golf course, baseball, and other outdoor sports.

11. Answer. No canteen service provided and none recommended.

12. Answer. Satisfactory for treatment of NP patients. Inadequate both as to equipment and personnel for out-patient examination or treatment of general surgically or medically emergent cases.

13. Answer. Proper, except in cases of discharge against medical advice or an occasional case of discharge under instructions from higher authority such as court orders terminating commitments. (There was a recent case where some type of pressure was evidently brought against a local court, and the order of commitment was terminated without advice from the Veterans' Administration doctors.)

14. Answer. The attitude of this type of patient is almost invariably impatient. Although many patients feel they are kept too long in the receiving ward and almost all of them feel they are kept too long in the lock ward, it is my impression that they are released just as soon as it is practicable.

15. Answer. The grounds are kept in excellent condition. The walls, windows, and floor of the offices, wards, and recreation building are immaculate. There are cockroaches in the kitchen and they are occasionally transmitted to the wards in the carts carrying food. The kitchen is filthy. There is one building that has permanent steel basket-type guards outside the windows, lined with screen wire with inside steel window guards of 3- or 4-inch mesh. This makes a perfect receptacle for bits of paper, cigar butts, chewing tobacco, and the accompanying filth. No one can get to it to clean it out. This has been the cause of several minor fires.

16. Answer. The doctors are satisfied. Discipline and morale of NP patients would naturally be expected to be very low. It is my thought that this question may not have been intended for the NP hospital.

17. Answer. No public transportation from the hospital to the neighboring town of Roseburg. The distance is not too great to walk if time is allowed. Veterans' Administration have and use ambulance and passenger-car transportation when needed.

18. Answer. Yes.

19. Answer. Favorably, but still completely inadequate as to full-time surgeons and nurses. The number of attendants is sufficient but because of employment difficulties the quality is not too high.

20. Answer. Floor space adequate.

21. Answer. Discipline excellent.

22. Answer. My recommendations is that the Camp White Hospital be transferred to the Veterans' Administration at the earliest possible date, utilized for NP patients, and the Roseburg Facility be converted to either a domiciliary barracks or a general medical and surgical hospital. This hospital now draws patients from Idaho, Washington, Oregon, and northern California.

23. Answer. World War I, 8 percent; World War II, 21 percent; peacetime, 33½ percent; Spanish-American War, 22 percent; Philippine Insurrection, none; Regular Army, none; over-all, 17.6 percent. The large number of World War II veterans leaving against medical advice is caused by requests from relatives and is attributed to the fact that these veterans have been away from home so long and are discharged from the armed forces direct to the Veterans' Administration hospital. Many of these so discharged are returned by the relatives to the Veterans' Administration for care within a short period of time.

24. Answer. Not familiar with WAC program but believe that this type of patient requires well trained and experienced nurses. Women attendants would not be at all practicable.

25. Answer. Very few, if any.

26. Answer. No.

27. Answer. See question No. 22. In addition to the above we found that there is not provided proper sewage disposal. The sewer empties along the bank of a low banked stream which flows through the grounds near the point where the stream leaves the grounds. Only in the high-water season is the sewage all washed away. This area is fenced off so that the stock cannot get to it but the patients can.

There are occasional injuries amongst patients. Every such injury is the subject of extensive investigation.

There are occasional discharges for maximum hospital benefit that later prove to be erroneous.

The recommendations hereintofore made are for the purpose of ultimately solving the difficulties but this hospital is right now in very dire need of a vastly increased staff of good NP doctors.

Yours in comradeship,

G. O. PIKE,

*Department Service Officer.*

FRED CORN,

*Department Quartermaster and Adjutant.*

#### ANSWERS TO QUESTIONS LISTED ON ATTACHED SHEET, PORTLAND FACILITY

1. Answer. There are recurrent complaints about preparation of food. It is occasionally too greasy, unseasoned, or unflavorable. Bed patients frequently complain of food being cold.

2. Answer. Remedial action is taken on well-supported complaints.

3. Answer. Far superior to State, county, and municipal institutions in Portland.

4. Answer. The manager and chief medical officer both feel that they should be given more latitude as to determination of need and selection of personnel.

5. Answer. See No. 4 above.

6. Answer. Yes; under present emergency conditions.

7. Answer. Excellent.

8. Answer. Quality is good, quantity is sufficient, variety is limited, preparation, see question No. 1.

9. Answer. Frequent allegation of mental abuse by Dr. Keller, NP specialist.

10. Answer. None at present due to absence of recreational aide.

11. Answer. Yes.

12. Answer. Medical equipment fair; clinical arrangements not sufficiently concentrated.

13. Answer. Proper.

14. Answer. Generally, no; an occasional justified complaint.

15. Answer. Generally satisfactory. floors, beds, equipment, etc., clean and in order, windows and walls not up to Veterans' Administration standards.

16. Answer. Yes. .

17. Answer. Yes.

18. Answer. Fair.

19. Answer. Generally speaking, superior, but Veterans' Administration regulations require so much more attention to individual patients and cases that doctors, nurses, and attendants are overloaded. There are assigned 15 additional doctors for the purpose of studying Veterans' Administration practices. These add to the work of the regularly assigned doctors rather than relieve them and are assigned to the institution without a regular prescribed program.

20. Answer. Far too crowded. There are at least 50 too many beds for the floor space. There is not enough space for day rooms or sun rooms, none are provided.

21. Answer. Both poor, due to faulty management. Most common complaint is interference on the part of the manager with responsibilities of chiefs of service.

22. Answer. Recommend enclosure of all spaces between present buildings, installation of at least 500 beds for general medical and surgical patients with

erection of 1 ward, 25 beds, for temporary retention of NP patients in building separated from all others.

23. Answer. Less than 1 percent for various personal reasons.

24. Answer. No. Prefer to recommend nurses training, relieving both nurses and attendants of certain duties.

25. Answer. Few, but many fail to apply for that reason.

26. Answer. The majority complain about lack of information. Some few complain about lack of advice.

27. Answer. Considerable enlargement in hospital facilities, separation of examination for rating purposes, hospitalization for only those who need treatment in a hospital, adequate out-patient treatment for all cases either service-connected or non-service-connected who may be efficiently treated in their homes.

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DISABLED AMERICAN VETERANS,  
Portland, Oreg., April 9, 1945.

MILTON D. COHN,

National Commander, Disabled American Veterans,  
Cincinnati, Ohio.

DEAR COMRADE: A letter to State Commander Woodcock on the subject of investigation and inspection of the veterans' hospitals was referred to me April 8 by telephone by State Commander Woodcock, asking that I and Past State Commander E. G. Gavin check the hospital and draw up an answer to various questions, as per your request to State Commander Woodcock as he was unable to come to Portland to make this inspection personally. He informed me that this was supposed to be into headquarters by April 15.

Comrade Gavin and myself spent the day Monday, April 9, attempting to give a rush order so that you would have this by the time requested. I am answering the questions and attaching my answer to the question you sent, to save time in attempting to copy all questions on the form you sent out.

1. Answer. A few isolated complaints were received and when called to the attention of the manager here, same were corrected. On our inspection today no complaints of any nature.

2. Answer. Complaints corrected were called to attention.

3. Answer. There is no comparison, in our opinion, between treatment received at veterans' hospital, Portland, and State or county hospitals. We believe our veterans' hospital is better staffed and better equipped.

4. Answer. We believe that the fullest possible authority should be decentralized to the field by central office of the Administration in the handling or running of veterans' hospitals.

5. Answer. The answer is the same as in question 4. Decentralize all possible authority to the manager of the local stations.

6. Answer. We have sufficient authority for hiring of nurses and attendants if available. All doctors assigned from central office. Seeing that shortage of help exists here as in almost every place in the Nation.

7. Answer. Yes; Portland veterans' hospital has medical and clinical meetings held twice a week; outside doctors and consultants are in attendance at these clinics.

8. Answer. On our inspection today at mealtime and on checking with one floor of the hospital all patients on this floor, no complaints were received on the food. Minor complaints have been received on food in the past and when called to attention of proper authority same have been corrected.

9. Answer. No complaints have been found in answer to question 9 on this inspection.

10. Answer. Occupational therapy is in preparation now for Portland hospital as soon as space is available.

11. Answer. Canteen service and price and quality of food and the preparation of same satisfactory.

12. Answer. Medical equipment and clinical arrangements are satisfactory. New equipment as replacement is asked for as soon as available.

13. Answer. So far as we could ascertain, on this question, the average case is properly treated and the period of hospitalization proper.

14. Answer. I have received in the past year a few complaints on men being held too long in the receiving ward. However, after the complaint was brought to my attention and I had explained to the patient the reason for being held in the receiving ward for a day or two he was satisfied.



15. Answer. In regard to cleanliness and neatness in the buildings and on the grounds, everything O. K. in every way.

16. Answer. On our inspection today in contacts with many patients, everything was O. K.

17. Answer. Transportation facilities are adequate and O. K. As good and better than in lots of spots in the city.

18. Answer. The contact section at this station would compare I believe with any station in the Nation. My office receives the fullest cooperation from the contact section. Satisfactory.

19. Answer. In our opinion there is no comparison as with number of patients to full-time physicians and nurses as compared with State or county institutions.

20. Answer. For authorized standard space, everything is O. K. Attempts are being made to secure more space.

21. Answer. No complaints.

22. Answer. Our recommendations as to type and number of additional beds, the capacity should be double in this facility and then enlarged as future problems depend.

23. Answer. Unable to secure any accurate figures on this question.

24. Answer. In place of a Wac, we suggest that assistants for Veterans' Administration be provided as assistant to nurses giving nurses more help taking care of clinical and detail work; allowing nurses more time for patient.

25. Answer. It is impossible to secure information on question 25.

26. Answer. As a rule information given to patient at time of discharge in regard to his physical condition is adequate. I have had a complaint or two on this but when I took the man back he apparently was satisfied.

27. Answer. As to recommendations on 27; believe that the whole service could be improved immensely by dividing the out-patient treatment for non-service disabilities. I realize that we would probably have new legislation to accomplish this but as it is now, in order to provide the treatment, we have to thoroughly examine the man on application for hospitalization, taking the time of doctors that might be devoted to the examination of serious cases. A small clinic of two or three doctors to handle nonservice cases as out-patient would save a lot in time and detail work that could be devoted to treatment or examinations of serious cases.

I sincerely trust that the above report is satisfactory and that it reaches your office in time. Comrade Gavin and myself attempted to get this finished and into your hands by April 15 as requested by the State commander. Originally Comrade Woodcock had planned to spend 2 or 3 days here with the committee and we may do this later and send in a further report if you desire.

Respectfully,

LILE DAILEY,  
National Service Officer.

DISABLED AMERICAN VETERANS,  
DEPARTMENT OF OREGON, INC.,  
Roseburg, Oreg., April 14, 1945.

Mr. MILTON D. COHN,  
National Commander, Disabled American Veterans, Washington, D. C.

DEAR COMRADE COHN: The following is a report of findings on the Veterans' Administration, Roseburg, Oreg., made by committee from the Disabled American Veterans, Department of Oregon, on April 12 and 13, 1945.

1. Answer. There are some complaints on the medical treatment and hospital care received by patients. Complaints have been made by relatives of patients as to physical injuries received by other patients attacking patients, and in instances as to physical injuries received by patients by rough handling by attendants. In instances of abuse of patients by attendants, when known to medical officers, the attendants are discharged from service.

2. Answer. Yes. Promptly.

3. Answer. Relative standards of treatment in this facility are much superior to State, county, and municipal institutions in same area.

4. Answer. Yes.

5. Answer. No.

6. Yes. But under present war conditions they are unable to secure sufficient competent nurses and attendants.

7. Answer. Yes.

8. Answer. The usual complaints as in any hospital. Investigation shows good quality, quantity, and variety of food. It is our opinion that variety of menu could be improved. More modern equipment for preparation of food is being installed and is on order. The manager seems to be interested in better equipment for preparation of foods, a good staff of cooks, and a very good dietetic department.

9. Answer. Yes. Not often. Very recently, a member of our chapter was admitted to hospital ward for treatment. For over 2 weeks this man was not given examination or treatment. His brother was advised by a friend to have him transferred to Portland facility as his condition was becoming worse. When the brother called at hospital and made the request the patient was sent to Portland very speedily. (This condition is caused by lack of personnel under present war conditions and does not reflect on the management.) Cases of abuse of patients do happen and have happened. When known to medical staff, corrective action is taken at once.

10. Answer. Recreational facilities are not as adequate as they should be. There is a fine recreational building with library, poolroom, lounge and game room, and a fine theater with sound equipment. For mental patients there are not sufficient recreational grounds nor equipment at present, such as fenced-in areas where patients can exercise in sunlight and fresh air. Developments are started to correct this discrepancy.

NOTE.—Many of the disturbed patients are unable to get out for exercise in the open air on account of lack of suitable personnel, which is again due to the war emergency and manpower shortage.

11. Answer. No canteen service available. Only service provided is by service workers of Legion, VFW, and DAV, who do make purchases off facility for patients, with approval of management.

12. Answer. It is the best in this area. We do recommend that as new equipment is available under new methods of treatment, that it be installed.

13. Answer. We have complaints of both too long and too short periods of hospitalization. Some parents of patients are hindering recovery of patients by having them released to them before recovery is complete enough. This is a matter that is beyond control of the management, as these men are released against medical advice. We have complaints from patients, many of them, that they are held in the facility too long. However, that is a medical problem, and we are not qualified to answer as to justice of their claims.

14. Answer. No complaints.

15. Answer. Again, lack of personnel (attendants) is a cause of some trouble in giving shower baths to patients of closed wards. Too many patients have to be run through the showers in too short a time, with too few attendants to supervise (manpower shortage, again). At times there have been infestations of vermin (crabs). This should be corrected. The grounds are kept in good condition and appearance. The laundry facilities are apparently adequate, but perhaps understaffed. The beds and linens are well kept, and cleanly, on all of our visits. Floors are of construction that are easily kept clean and on our visits were clean and well kept. The kitchen and equipment in kitchen were clean and well kept. Also the dining room and facilities were in excellent condition.

16. Answer. Yes. Exceptional for this type of patient.

17. Answer. No. No bus service. Only taxi service available and that is limited and at times impossible to obtain. It is very difficult for visitors to obtain transportation to and from hospital, but ambulance service is provided for patients and veterans coming to Rosburg for admission to hospital.

18. Answer. Yes. Exceptionally good.

19. Answer. Favorable, under existing manpower shortage.

20. Answer. Yes. With the present patient load and for this type patient This facility was built for a soldiers' home and converted to a mental hospital. Spare is wasted to a great degree on account of type of construction, and while much has been done in remodeling, it never can be remodeled to be a proper mental hospital, in our opinion. Additional buildings should be constructed. Crowding of mental patients tends to cause disturbances among the patients.

21. Answer. Morale is quite good. Some complaint as to personnel department, and as to difficulty in securing leave on account of manpower shortage.

22. Answer. We recommend further and immediate construction of proper facilities for housing 3 times the present load of approximately 565 patients, or a total of 1,800 beds.

23. Answer. Very few elopers. It is not a problem in this type of hospital at this time.

24. Answer. No. Male attendant should be employed at all capacities, except nurses.

25. Answer. Not a problem at this type of hospital at this time.

26. Answer. Again, this does not apply at an institution of this type.

27. Answer. Our general recommendation is facilities be increased to accommodate more patients, to avoid crowding, and that adequate personnel, doctors, nurses, and attendants be provided as soon as possible.

#### MANAGEMENT

We find the present manager very courteous and cooperative in all our contacts. In our opinion, he relies almost wholly on the members of his staff for the operation of the facility, rather than by direct personal contact with each branch. His cooperation with our organization in our activities has been good, on the whole, though there has been some misunderstanding in the past. He does not seem wholeheartedly in favor of some of the activities of some of the service groups in their program for rehabilitation of the paroled patients, such as parties and dances at the facility for these patients. Medical men advise us that this type of rehabilitation work is very beneficial to these boys about to be discharged from the facility. Would not recommend his replacement with an unfried man at present time, but would suggest that he be influenced to cooperate fully and wholeheartedly with the service groups in their work at the facility.

#### CLINICAL DIRECTOR

The present clinical director is a gentleman, and is sincere and conscientious. He is competent, efficient, and is doing a grand job. He has the interest of the veteran at heart at all times. We are satisfied in all respects with the present clinical director.

#### PERSONNEL

*Nurses.*—Excellent, but much understaffed at present. Recommend employment of sufficient number of nurses as soon as available. But do not recommend Waas at an institution of this type.

*Attendants.*—Chief attendant is intelligent and capable. Doing a fine job and is well liked by the patients. Male attendants greatly understaffed. Temporary arrangements being made for military personnel to relieve shortage of male attendants. Approve this for the emergency but recommend full staff of civilian male attendants as soon as possible. At present time many women are serving as attendants. This should be discontinued as soon as possible as it creates hazard for the female employees, and medical officers advise against it.

*Dietitians.*—Efficient, capable, and courteous. Well qualified. Good staff of chefs and cooks and kitchen workers. Dining room also well staffed.

*Food.*—Of good quality, well prepared with existing equipment. Recommend more and adequate cooking facilities. Steps are being taken to remedy the situation. Recommend more variety in food, if possible.

*Occupational therapy.*—Good but limited in size. Recommend enlargement. Well handled. Under good supervision.

*Recreational director.*—None at present time. Steps are being taken to replace former director, recently deceased. A good director will do much for the morale of the patients. Very few facilities for the employment of patients' time. This is most important and should be one of the main objectives for the good of the patient.

*Surgery.*—Well equipped. Fine X-ray set-up. Recommend that when more modern equipment is available, present equipment be replaced.

*Physiotherapy.*—Modern and well equipped. Should be enlarged on account of increase in patient load. Present aide is competent and efficient.

M. E. Woodcock, *State Commander.*



## QUESTIONS TO BE ANSWERED AS TO EACH VETERANS' HOSPITAL

(Kindly respond in same numerical order and air mail the report to National Commander Scheiberling, Washington 6, D. C.)

Name of hospital: United States Veterans' facility.

Address: Aspinwall, Pa. (general medical and surgical, 1,134 beds).

1. Question. Are there any general or specific complaints on the medical treatment and hospital care received by the patients? If so, please describe briefly.

Answer. Clarence Auen, patient, ward 3A, room 4124, hospitalized December 1944; complained treatment was very vague. Has plastic jaw as result of gunshot wounds; teeth were pulled and new plate made. Complained about food being very poor.

Charles Faidt, ward 3A, room 4635; complained of lack of attention; has suffered from serious skin eruption for 3 weeks without proper medical care.

2. Question. Has remedial action been taken by the Veterans' Administration in these cases or others which may have been previously reported?

Answer. Yes. In Faidt's case a skin specialist has been treating him. In the past complaints have been taken care of when brought to the attention of hospital administration.

3. Question. What is your opinion of the relative standards of treatment in the veterans' hospitals as compared to the State, county, and municipal institutions in the same area?

Answer. We feel standards in the veterans' hospital equal those of other hospitals in western Pennsylvania.

4. Question. Do the manager, chief medical officer, and/or clinical director feel they have sufficient authority to run the hospital as efficiently as they might desire?

Answer. Yes; under present regulations governing Veterans' Administration hospitals. We feel more liberal provisions should be made to aid border-line cases.

5. Question. Do they feel that there are undue restrictions and regulations under which they must function? If so, kindly specify in what way.

Answer. Yes. Preparation of records and delay in admission of patients could be expedited with the elimination of a lot of red tape.

6. Question. Do they feel they have sufficient authority and latitude to employ competent doctors, nurses, and attendants?

Answer. Yes. But we are convinced the standard of medical service in the veterans' hospitals could be greatly improved by the upgrading of civil-service compensation and incentive to strive for the higher ratings with an increased salary bracket.

7. Question. Do they have encouragement and support in research, in participating in clinical meetings, symposiums, medical lecture courses, etc.?

Answer. Yes. Weekly meetings are conducted.

8. Question. What definite complaints, if any, are there as to the quality, quantity, variety, and preparation of food in the veterans' hospitals?

Answer. Numerous complaints were made about lack of variety of food and the fact it was served cold in the wards.

Our investigation proves hospital kitchen is too small to adequately care for 900 patients. Crowded conditions in kitchens make it imperative they use old diet kitchens in wards.

9. Question. Have there been or are there any specific cases of alleged abuse or neglect of patients?

Answer. No other complaints among those we interviewed except the two mentioned in answering the first question.

10. Question. Are the recreational facilities adequate?

Answer. Most emphatically no. Younger veterans of World War II need additional recreation and we strongly recommend the suggestions of Colonel Carroll for additional recreation be provided immediately.

11. Question. Is the canteen service satisfactory, and are the prices charged veterans reasonable? If not, please describe.

Answer. Yes.

12. Question. Are the medical equipment and clinical arrangements satisfactory?

Answer. No question equipment on hand is of best but could be supplemented. Lack of medical officers is a handicap to present staff and patients.

13. Question. Are the periods of hospitalization proper? To long? Too brief?

Answer. Patients complain about time they are compelled to remain in receiving wards. Lack of medical officers again cause undue hardship to present staff who are doing their best under present circumstances.

14. Question. Do patients feel they are required to remain in receiving wards too long before complete examinations and treatment are started?

Answer. Consideration is given each patient's condition and rated accordingly.

15. Question. How about cleanliness and neatness in the buildings and on the grounds?

Answer. Buildings and grounds are kept in satisfactory condition with present labor situation prevailing. Kitchen should be modernized and could then be kept much cleaner.

16. Question. Is it felt that the discipline and morale of the patients are satisfactory?

Answer. No. Morale has been upset through present publicity and investigations. Applies to hospital staff as well as patients.

17. Question. Are the transportation facilities to and from the hospital adequate?

Answer. No. There is definite room for improvement.

18. Question. Is the contact service considered satisfactory and adequate by the American Legion?

Answer. No; inadequate. Too few contact representatives and lack of secretarial help.

19. Question. How does the ratio of patients to full-time physicians and surgeons, nurses, and attendants in the veterans' hospitals compare with those in the State, county, and municipal institutions?

Answer. There are too few surgeons and physicians to properly care for all patients.

20. Question. Are the patients too crowded? Is there sufficient floor space per patient?

Answer. Some individual rooms are overcrowded. Toilet facilities are grossly inadequate.

21. Question. How do you find the discipline and morale of the hospital personnel?

Answer. Morale until present investigation broke was of high standard. Constant complaints by patients has upset morale at this time.

22. Question. What is your recommendation as to type and number of additional beds that may be required for the new load?

Answer. Construction of new hospitals allotted to Pennsylvania should be started without delay. Emergency expansion needed and necessary to take care of NP and TB patients until they have the new hospitals authorized functioning.

Pennsylvania veterans are being shipped from hospitals in Pennsylvania to the western hospitals because of lack of hospital beds. This causes undue distress to patients and their families.

23. Question. What percentage of patients are leaving the hospital against medical advice? Why?

Answer. Five hundred patients were released from the hospital last month, 66 of which were a. w. o. l. and 9 of whom returned later. Delay in treating World War II veterans causes many of them to leave.

24. Question. What percentage of patients are leaving the hospital against medical advice who are without dependents, due to the reduction of pension while being hospitalized?

Answer. Approximately 3½ percent.

25. Question. Could better personal care be furnished with staff aide program of Wacs trained in hospital routine, thus relieving nurses for more important duties?

Answer. We believe the nurses aides are adequately taking care of the patients. Recommend Wacs could be used to take care of secretarial duties and thus expedite submission of reports.

26. Question. Are there any complaints on the part of patients regarding the lack of information given them as to their physical condition and advice as to the future treatment upon being discharged from the hospital?

Answer. Yes. Regulations do not permit staff to divulge complete information. In some instances doctors have furnished misleading information to patients regarding their disability and creating an impression the veteran would receive increased benefits.

27. Question. What general or specific recommendations would you offer as to the medical treatment and hospital care of veterans in Veterans' Administration facilities?

Answer. Efficiency can be increased with increased compensation to personnel and staff.

Erection of authorized hospitals in the Department of Pennsylvania should be started immediately. Too many veterans are suffering hardships through inadequate lack of bed space and delay in admission to veterans' facilities.

Mental patients whose home is in Pennsylvania are being transferred to the far West because of lack of bed space and making room for new patients. This is a hardship to both patients and families.

Military officers transferred to veterans' facilities in active status should be carried on inactive status during period of assignment. In the event they are reassigned to duty with the service forces, they should be reactivated to proper rank. Too much friction exists between the two groups of staffs in veterans' hospitals.

WM. J. RHOADS,  
*Department Commander.*

#### QUESTIONS TO BE ANSWERED AS TO EACH VETERANS' HOSPITAL

Name of hospital: United States veterans' facility.

Address: Coatesville, Pa. (neuropsychiatric; 1,871 beds).

1. Question. Are there any general or specific complaints on the medical treatment and hospital care received by patients? If so, please describe briefly.

Answer. Mental hospital. We talked with a number of patients and feel satisfied with care given them.

2. Question. Has remedial action been taken by Veterans' Administration in these cases or others which may have been previously reported?

Answer. In past all complaints have been investigated and promptly cared for.

3. Question. What is your opinion of the relative standards of treatment in the veterans' hospital as compared to State, county, municipal institutions in the same area?

Answer. We feel the standards in Coatesville Hospital are exceptional and patients receive the finest care. Kitchen needs modernizing and enlarging to care for heavy patient load.

4. Question. Do the manager, chief medical officer, and/or clinical director feel they have sufficient authority to run the hospital as efficiently as they might desire?

Answer. Yes; under present regulations governing Veterans' Administration hospitals. More liberal provisions should be made, though, for border-line cases.

5. Question. Do they feel there are undue restrictions and regulations under which they must function? If so, kindly specify what way.

Answer. Yes. Preparation of records and delay in admission of patients could be expedited with the elimination of a lot of red tape.

6. Question. Do they feel they have sufficient authority and latitude to supply competent doctors, nurses, and attendants?

Answer. Yes. But we feel and are convinced the standard of medical service in the veterans' hospitals could be greatly improved by the upgrading of civil-service compensation and incentive to strive for the higher ratings with an increased salary grade all along the line.

7. Question. Do they have encouragement and support in research, in participating in clinical meetings, symposiums, medical lecture courses, etc.?

Answer. Yes. Regular curriculum of the Pennsylvania Department of Education is carried out. New attendants are schooled for 1 week before starting work in wards.

8. Question. What definite complaints, if any, are there as to the quality, quantity, variety, and preparation of food in the veterans' hospitals?

Answer. Investigation proves kitchen is entirely too small to adequately take care of double the patient load for which constructed. Equipment is played out, and in many cases obsolete, and should be replaced immediately.

9. Question. Have there been or are there any specific cases of alleged abuse or neglect of patients?

Answer. No.

10. Question. Are the recreational facilities adequate?



Answer. Yes; when new additions are completed within a few months.

11. Question. Is the canteen service satisfactory, and are the prices charged veterans reasonable? If not, please describe.

Answer. No canteen is operated because of being an NP hospital.

12. Question. Are the medical equipment and clinical arrangements satisfactory?

Answer. Medical equipment is adequate and of best. Outside surgeons are called on when necessary.

13. Question. Do patients feel they are required to remain in receiving wards too long before complete examinations and treatment are started?

Answer. Constitution is given all mental patients' condition and they are rated accordingly.

14. Question. Are the periods of hospitalization proper? Too long? Too brief?

Answer. Patients are given furlough for trial visits home when staff feels they are recovered enough to warrant it. Discharged after several successful furloughs.

15. Question. How about cleanliness and neatness in the buildings and on grounds?

Answer. Management cannot be complimented too highly for cleanliness and appearance of both the buildings and grounds.

16. Question. Is it felt that the discipline and morale of the patients are satisfactory?

Answer. Yes. Patients in hospital have not been upset by unfavorable publicity.

17. Question. Are the transportation facilities to and from the hospital adequate?

Answer. Yes.

18. Question. Is the contact service considered satisfactory and adequate by the American Legion, Department of Pennsylvania?

Answer. No contact men necessary.

19. Question. How does the ratio of patients to full-time physicians, surgeons, nurses, and attendants in the veterans' hospitals compare to that in State, county, and municipal institutions?

Answer. Personnel complement entirely full and efficiently operate hospital.

20. Question. Are the patients too crowded? Is there sufficient floor space per patient?

Answer. No overcrowding and sufficient floor space for all.

21. Question. How do you find the discipline and morale of the hospital personnel?

Answer. Excellent.

22. Question. What is your recommendation as to type and number of beds that may be required for the new load?

Answer. Construction of new hospitals allotted to Pennsylvania should be started without further delay. Emergency expansion is needed to take care of NP and TB patients until new hospitals are functioning.

23. Question. What percentage of patients are leaving the hospital against medical advice? Why?

Answer. None.

24. Question. What percentage of patients are leaving the hospital against medical advice who are without dependents, due to the reduction of pension while being hospitalized?

Answer. None.

25. Question. Could better personal care be furnished with staff aide program of Wacs trained in hospital routine, thus relieving nurses for more important duties?

Answer. No. Special training and sympathy for patients entirely necessary in mental institution. Nurses' aides are doing splendid service with the aid of colored troops as attendants.

26. Question. Are there any complaints on the part of the patients regarding the lack of information given them as to their physical condition and advice when future treatments are necessary upon being discharged from the hospital?

Answer. No; it is a mental institution.

27. Question. What general or specific recommendations would you offer as to the medical treatment and hospital care of veterans in Veterans' Administration facilities?

Answer. Staff and personnel efficiency could be increased with additional compensation for each grade of service rendered.

Kitchens should be modernized and enlarged without delay.

Erection of authorized hospitals in this State should be started immediately, especially for NP and TB patients. Too many servicemen are placed in cells awaiting admission to veterans' hospitals suffering with NP diseases.

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*Department Commander.*

VETERANS OF FOREIGN WARS OF THE UNITED STATES,  
NATIONAL REHABILITATION SERVICE,  
Washington 5, D. C.

PENNSYLVANIA (TWO HOSPITALS (ONE UNDER CONSTRUCTION))

(Joint reports, American Legion, Disabled American Veterans, and Veterans of Foreign Wars)

Aspinwall facility, Aspinwall: General hospital, 1,134 beds.

Complaints: Overcrowding; cold food to bed patients; delay in receiving ward; inadequacy of kitchen; inadequate toilet facilities; inadequate transportation.

Recommendations: Correction of conditions noted above, and immediate action on hospital construction already authorized.

Coatesville facility: Coatesville.

Complaints: Shortage of staff and personnel; inadequate kitchen facilities.

Recommendations: Immediate correction of conditions named.

Remarks: Upgrading of salaries for Veterans' Administration personnel strongly recommended.

QUESTIONS TO BE ANSWERED AS TO EACH VETERANS' HOSPITAL

Name of hospital: United States veterans' facility.

Address: Aspinwall, Pa.

1. Question. Are there any general or specific complaints on the medical treatment and hospital care received by the patients? Is so, please describe briefly.

Answer. Clarence Anen, patient, ward 3A, room 4124, hospitalized December 1944; claimed his treatment had been very vague; shot through jaw in war; has a plastic plate; teeth have been pulled and new plate made. Complained of diet and has been fed breakfast food for a week.

Charles Faid, ward 4E, room 4635; complained of lack of attention; has suffered from serious skin eruption which existed 3 weeks without proper medical attention.

2. Question. Has remedial action been taken by Veterans' Administration in these cases or others which may have been previously reported?

Answer. Yes. In case of Faid a skin specialist has been treating him. In the past complaints of patients have been taken care of when brought to the attention of hospital administration.

3. Question. What is your opinion of the relative standards of treatment in the veterans' hospitals as compared to the State, county, and municipal institutions in the same area?

Answer. We feel standards are slightly higher in the veterans' hospital than in other hospitals in the western section of Pennsylvania.

4. Question. Do the manager, chief medical officer and/or clinical director feel they have sufficient authority to run the hospital as efficiently as they might desire?

Answer. Yes; under present regulations governing veterans' hospitals. We feel more liberal provisions should be made to aid border-line cases.

5. Question. Do they feel that there are undue restrictions and regulations under which they must function? If so, kindly specify in what way.

Answer. Yes. Preparation of records and delay in admission of patients could be expedited with the elimination of a lot of red tape.

6. Question. Do they feel they have sufficient authority and latitude to employ competent doctors, nurses, and attendants?

Answer. Yes. But we are convinced the standard of medical service in the veterans' facilities could be improved greatly, by the upgrading of civil-service compensation and incentive to strive for higher ratings and salary brackets.

7. Question. Do they have encouragement and support in research, in participating in clinical meetings, symposiums, medical lecture courses, etc.?

Answer. Yes. Weekly meetings are conducted.

8. Question. What definite complaints, if any, are there as to the quality, quantity, variety, and preparation of food in the veterans' hospitals?

Answer. Numerous complaints were made about food being served cold in the wards, also, lack of variety was criticized.

Our investigation proves that the kitchen is too small in size to adequately care for nearly 900 patients. Suggest they go back to the old diet kitchens in the wards. Crowded condition of present kitchen makes this necessary. We feel food is satisfactory, except for being served cold in some cases, and enclose copy of menu as exhibit.

9. Question. Have there been or are there any specific cases of alleged abuse or neglect of patients?

Answer. No. Other than two stated in first question.

10. Question. Are the recreational facilities adequate?

Answer. Most emphatically no. Younger veterans of World War II need additional recreation and we strongly support recommendations of Colonel Carroll be recognized immediately.

11. Question. Is the canteen service satisfactory, and are the prices charged veterans reasonable? If not, please describe.

Answer. Yes.

12. Question. Are the medical equipment and clinical arrangements satisfactory?

Answer. No question but what equipment is of best, but lack of medical officers is a handicap to present staff and patients.

13. Question. Do patients feel they are required to remain in receiving wards too long before complete examinations and treatment are started?

Answer. Patients complain about period they are compelled to remain in receiving wards. Lack of medical officers again cause added hardship to present staff, who are doing their best under the circumstances.

14. Question. Are the periods of hospitalization proper? Too long? Too brief?

Answer. Consideration is given each patient's condition and rated accordingly.

15. Question. How about cleanliness and neatness in the buildings and on the grounds?

Answer. Buildings and grounds are kept in satisfactory condition with present prevailing labor conditions.

16. Question. It is felt that the discipline and morale of the patients are satisfactory?

Answer. No. Morale has been upset through present publicity and investigations. Applies to hospital staff as well as patients.

17. Question. Are the transportation facilities to and from the hospital adequate?

Answer. No. There is definite room for improvement.

18. Question. Is the contact service considered satisfactory and adequate by the Veterans of Foreign Wars?

Answer. No; inadequate. The few contact representatives and lack of secretarial help.

19. Question. How does the ratio of patients to full-time physicians and surgeons, nurses, and attendants in the veterans' hospitals compare to that in State, county, and municipal institutions?

Answer. There are too few physicians and surgeons to properly take care of all patients.

20. Question. Are the patients too crowded? Is there sufficient floor space per patient?

Answer. Some individual rooms are overcrowded. Toilet facilities are grossly inadequate.

21. Question. How do you find the discipline and morale of the hospital personnel? What are their complaints, if any?

Answer. Morale until present investigation broke was of high standard. Constant complaints of patients has upset morale of personnel.

22. Question. What is your recommendation as to type and number of additional beds that may be required for the new load?

Answer. Construction of new hospitals allotted to Pennsylvania should be started without delay. Emergency expansion needed and necessary to take care of NP and TB patients until new hospitals are functioning.

23. Question. What percentage of the patients are leaving the hospital against medical advice? Why?



Answer. In 500 patients released from the hospital last month, 66 were AWOL, of which 9 later returned. Delay in treating the World War II veterans causes many of them to leave.

24. Question. What percentage of patients without dependents are leaving the hospital against medical advice due to the reduction of pension while being hospitalized?

Answer. Approximately 3½ percent.

25. Question. Could better personal care be furnished with staff side program of Wacs trained in hospital routine, thus relieving nurses for more important duties?

Answer. We believe the nurses and nurses aids are adequately taking care of patients. Recommend that Wacs could be used to take care of secretarial duties and thus expedite submission of reports.

26. Question. Are there any complaints on the part of the patients regarding the lack of information given them as to their physical condition and advise as to the future treatment upon being discharged from the hospital?

Answer. Yes. Regulations do not permit staff to divulge complete information. In some instances doctors have furnished misleading information to patients regarding their disability and creating an impression the veteran would receive increased veteran benefits.

27. Question. What general or specific recommendations would you offer as to the medical treatment and hospital care of veterans in Veterans' Administration facilities.

Answer. Efficiency can be increased with increased compensation to personnel and staff.

Erection of authorized hospitals in this section should be started immediately.

Military officers transferred to veterans' facilities in active status during period of assignment should be carried on an inactive status during period of assignment. Should they be reassigned to duty with the service forces be reactivated to proper rank. Too much friction now prevalent between the two groups serving on staffs in veterans' facilities.

JAMES F. COLLEY,  
Department Commander.

#### QUESTIONS TO BE ANSWERED AS TO EACH VETERANS' HOSPITAL

Name of hospital: United States veterans' facility.

Address: Coatesville, Pa.

1. Question. Are there any general or specific complaints on the medical treatment and hospital care received by patients? If so, please describe briefly.

Answer. Mental hospital. We talked with a number of patients and feel satisfied with care given them.

2. Question. Has remedial action been taken by Veterans' Administration in these cases or others which may have been previously reported?

Answer. In past all complaints have been investigated and promptly cared for.

3. Question. What is your opinion of the relative standards of treatment in the veterans' hospital as compared to State, county, municipal institutions in the same area?

Answer. We feel the standards in Coatesville Hospital are exceptional and patients receive the finest care. Kitchen needs modernizing and enlarging to care for heavy patient load.

4. Question. Do the manager, chief medical officer, and/or clinical director feel they have sufficient authority to run the hospital as efficiently as they might desire?

Answer. Yes; under present regulations governing Veterans' Administration hospitals. More liberal provisions should be made, though, for borderline cases.

5. Question. Do they feel there are undue restrictions and regulations under which they must function? Is so, kindly specify what way.

Answer. Yes. Preparation of records and delay in admission of patients could be expedited with the elimination of a lot of red tape.

6. Question. Do they feel they have sufficient authority and latitude to supply competent doctors, nurses, and attendants?

Answer. Yes. But we feel, and are convinced, the standard of medical service in the veterans' hospitals could be greatly improved by the upgrading of civil-service compensation and incentive to strive for the higher ratings with an increased salary grade all along the line.

7. Question. Do they have encouragement and support in research, in participating in clinical meetings, symposiums, medical-lecture courses, etc.?

Answer. Yes. Regular curriculum of the Pennsylvania Department of Education is carried out. New attendants are schooled for 1 week before starting work in wards.

8. Question. What definite complaints, if any, are there as to the quality, quantity, variety, and preparation of food in the veterans' hospitals?

Answer. Investigation proves kitchen is entirely too small to adequately take care of double the patient load for which constructed. Equipment is played out and in many cases obsolete and should be replaced immediately.

9. Question. Have there been or are there any specific cases of alleged abuse or neglect of patients?

Answer. No.

10. Question. Are the recreational facilities adequate?

Answer. Yes; when the new additions are completed within a few months.

11. Question. Is the canteen service satisfactory, and are the prices charged veterans reasonable? If not, please describe.

Answer. No canteen is operated because of being a NP hospital.

12. Question. Are the medical equipment and clinical arrangements satisfactory?

Answer. Medical equipment is adequate and of best. Outside surgeons are called on when necessary.

13. Question. Do patients feel they are required to remain in receiving wards too long before complete examination and treatment are started?

Answer. Consideration is given all mental patients' condition and they are rated accordingly.

14. Question. Are the periods of hospitalization proper? Too long? Too brief?

Answer. Patients are given furlough for trial visits home when staff feels they are recovered enough to warrant it. Discharged after several successful furloughs.

15. Question. How about cleanliness and neatness in the buildings and on grounds?

Answer. Management cannot be complimented too highly for cleanliness and appearance of both the buildings and grounds.

16. Question. Is it felt that the discipline and morale of the patients are satisfactory?

Answer. Yes. Patients in hospital have not been upset by unfavorable publicity.

17. Question. Are the transportation facilities to and from the hospital adequate?

Answer. Yes.

18. Question. Is the contact service considered satisfactory and adequate by the Veterans of Foreign Wars?

Answer. No contact man necessary.

19. Question. How does the ration of patients to full-time physicians, surgeons, nurses, and attendants in the veterans' hospitals compare to that in State, county, and municipal institutions?

Answer. Personnel complements entirely full and efficiently operate hospital.

20. Question. Are the patients too crowded? Is there sufficient floor space per patient?

Answer. No overcrowding, and sufficient floor space for all.

21. Question. How do you find the discipline and morale of the hospital personnel?

Answer. Excellent.

22. Question. What is your recommendation as to type and number of beds that may be required for the new load?

Answer. Construction of new hospitals allotted to Pennsylvania should be started without further delay. Emergency expansion is needed to take care of NP and TB patients until new hospitals are functioning.

23. Question. What percentage of patients are leaving the hospital against medical advice? Why?

Answer. None.

24. Question. What percentage of patients are leaving the hospital against medical advice who are without dependents, due to the reduction of pension while being hospitalized?

Answer. None.

25. Question. Could better personal care be furnished with staff aide program of Wacs trained in hospital routine, thus relieving nurses for more important duties?

Answer. No. Special training and sympathy for patients entirely necessary in mental institutions. Nurses aides are doing splendid service with the aid of colored troops as attendants.

26. Question. Are there any complaints on the part of the patients regarding the lack of information given them as to their physical condition and advice when future treatments are necessary upon being discharged from the hospital?

Answer. No. It is a mental institution.

27. Question. What general or specific recommendations would you offer as to the medical treatment and hospital care of veterans in Veterans' Administration facilities?

Answer. Staff and personnel efficiency could be increased with additional compensation for each grade of service rendered. Kitchen should be modernized and enlarged without delay. Erection of authorized hospitals in this State should be started immediately, especially for NP and TB patients. Too many servicemen are placed in cells awaiting admission to veterans hospitals suffering with NP diseases.

JAMES F. COLLEY,  
*Department Commander.*

#### QUESTIONS TO BE ANSWERED AS TO EACH VETERANS' HOSPITAL

Name of hospital: United States veterans' facility.

Address: Aspinwall, Pa.

1. Question. Are there any general or specific complaints on the medical treatment and hospital care received by the patients? If so, please describe briefly.

Answer. Clarence Auen, patient, ward 3A, room 4124, hospitalized December 1944, claimed his treatment had been very vague, has a plastic jaw as result of gunshot wound through jaw, teeth were pulled and new plate made. Complained diet was poor and had been fed breakfast food for a period of 1 week.

Charles Faid, ward 3A, room 4635, complained of lack of attention, has suffered from serious skin eruption which existed 3 weeks without proper medical care.

2. Question. Has remedial action been taken by Veterans' Administration in these cases or others, which may have been previously reported?

Answer. Yes. In case of Faid a skin specialist has been treating him. In the past complaints of patients have been taken care of when brought to the attention of hospital administration.

3. Question. What is your opinion of the relative standards of treatment in the veterans' hospital as compared to the State, county, and municipal institutions in the same area.

Answer. We feel standards are slightly higher in the veterans' hospital than in other hospitals in the western section of Pennsylvania.

4. Question. Do the manager, chief medical officer, and/or clinical director feel they have sufficient authority to run the hospital as efficiently as they might desire?

Answer. Yes, under present regulations governing Veterans' Administration hospitals. We feel more liberal provisions should be made to aid border-line cases.

5. Question. Do they feel there are undue restrictions and regulations under which they must function? If so, kindly specify in what way.

Answer. Yes. Preparation of records and delay in admission of patients could be expedited with the elimination of a lot of red tape.

6. Question. Do they feel they have sufficient authority and latitude to supply competent doctors, nurses, and attendants?

Answer. Yes. But we are convinced the standard of medical service in the veterans' hospitals could be improved greatly, by the upgrading of civil-service compensation and incentive to strive for the higher ratings with an increased salary bracket.

7. Question. Do they have encouragement and support in research, in participating in clinical meetings, symposiums, medical lecture courses, etc.?

Answer. Yes. Weekly meetings are conducted.

8. Question. What definite complaints, if any, are there as to the quality, quantity, variety, and preparation of food in the veterans' hospitals?

Answer. Numerous complaints were made about food being served cold in the wards, also, lack of variety was criticized.

Our investigation proves that the kitchen is too small in size to adequately care for nearly 900 patients. Suggest they go back to the old diet kitchens in the wards. Crowded condition of present kitchen makes this necessary. We are



convinced food is satisfactory, except for being cold when served in some wards and enclose copy of menu as exhibit.

9. Question. Have there been or are there any specific cases of alleged abuse or neglect of patients?

Answer. No. Other than two stated in first paragraph.

10. Question. Are the recreational facilities adequate?

Answer. Most emphatically no. Younger veterans of World War II need additional recreation and we strongly suggest recommendations of Colonel Carroll for additional recreational facilities be provided immediately.

11. Question. Is the canteen service satisfactory, and are the prices charged veterans reasonable? If not, please describe.

Answer. Yes.

12. Question. Are the medical equipment and clinical arrangements satisfactory?

Answer. No question equipment is of the best, but lack of medical officers is a handicap to present staff and patients.

13. Question. Do patients feel they are required to remain in receiving wards too long before complete examinations and treatment are started.

Answer. Patients complain about period they are compelled to remain in receiving wards. Lack of medical officers again cause undue hardship to present staff, who are doing their best under present circumstances.

14. Question. Are the periods of hospitalization proper? Too long? Too brief?

Answer. Consideration is given each patient's condition and rated accordingly.

15. Question. How about cleanliness and neatness in the buildings and on the grounds?

Answer. Buildings and grounds are kept in satisfactory condition with present prevailing labor situation.

16. Question. Is it felt that the discipline and morale of the patients are satisfactory?

Answer. No. Morale has been upset through present publicity and investigations. Applies to hospital staff as well as patients.

17. Question. Are the transportation facilities to and from the hospital adequate.

Answer. No. There is definite room for improvement.

18. Question. Is the contract service considered satisfactory and adequate by the Disabled American Veterans?

Answer. No; inadequate. Too few contract representatives and lack of secretarial help.

19. Question. How does the ratio of patients to full-time physicians, surgeons, nurses, and attendants in the veterans' hospitals compare to that in State, county, and municipal institutions?

Answer. There are too few surgeons and physicians to properly take care of all patients.

20. Question. Are the patients too crowded? Is there sufficient floor space per patient?

Answer. Some individual rooms are overcrowded. Toilet facilities are grossly inadequate.

21. Question. How do you find the discipline and morale of the hospital personnel?

Answer. Morale until present investigation broke was of high standard. Constant complaints of patients has upset morale at present time.

22. Question. What is your recommendation as to type and number of additional beds that may be required for the new load?

Answer. Construction of new hospitals allotted to Pennsylvania should be started without delay. Emergency expansion needed and necessary to take care of NP and TB patients until they have the new hospitals authorized functioning.

23. Question. What percentage of the patients are leaving the hospital against medical advice? Why?

Answer. Five hundred patients were released from the hospital last month, 66 of which were a. w. o. l., of which 9 returned later. Delay in treatment of World War II veterans causes many of them to leave.

24. Question. What percentage of patients are leaving the hospital against medical advice who are without dependents, due to the reduction of pension while being hospitalized?

Answer. Approximately 3½ percent.

25. Question. Could better personnel care be furnished with staff aide program of Wacs trained in hospital routine, thus relieving nurses for more important duties?

Answer. We believe the nurses with the nurses' aides are adequately taking care of the patients. Recommend that Wacs could be used to take care of secretarial duties and thus expedite submission of reports.

26. Question. Are there any complaints on the part of the patients regarding the lack of information given them as to their physical condition and advice as to the future treatment upon being discharged from the hospital?

Answer. Yes. Regulations do not permit staff to divulge complete information. In some instances doctors have furnished misleading information to patients regarding their disability and creating an impression the veteran would receive increased benefits.

27. Question. What general or specific recommendations would you offer as to the medical treatment and hospital care of veterans in Veterans' Administration facilities?

Answer. Efficiency can be increased with increased compensation to personnel and staff. Erection of authorized hospitals in this section should be started immediately. Military officers transferred to veterans' facilities in active status should be carried on an inactive status during period of assignment. In the event they are reassigned to duty with the service forces they should be reactivated to proper rank. Too much friction now prevalent between the two groups of staffs in veterans' hospitals.

CHARLES E. TRICE,  
Department Commander.  
WILLIAM B. PORTER,  
THOMAS G. DOUGLAS,  
CURTIS KRUBE.

*Weekly regular diet menu, week beginning April 16, 1945, Aspinwall, Pa.*

**MONDAY, APRIL 16, 1945**

**Breakfast:**

Half grapefruit.  
Rolled oats.  
Soft cooked eggs.  
Toast, butter.  
Coffee, tea, or milk.

**Dinner:**

Corn chowder, crackers.  
Roast ham, fresh.  
Dressing, gravy.  
Buttered string beans.  
Applesauce.  
Bread, butter, jelly roll.  
Coffee, tea, or milk.

**Supper:**

Smoked liver sausage.  
Buttered broccoli.  
Combination salad.  
Bread, butter.  
Fruit cup.  
Coffee, tea, or milk.

**TUESDAY, APRIL 17, 1945**

**Breakfast:**

Stewed prunes.  
Farina.  
Broiled bacon.  
Toast, butter.  
Coffee, tea, or milk.

**Dinner:**

Beef soup and rice, crackers.  
Beef loaf, gravy.  
Mashed potatoes.  
Creamed cauliflower, relish.  
Bread, butter.  
Maplenut ice cream.  
Coffee, tea, or milk.

**TUESDAY, APRIL 17, 1945—continued**

**Supper:**

Vegetable soup, crackers.  
Baked macaroni and cheese.  
Buttered peas.  
Escarole with french dressing.  
Bread, butter.  
Peach halves.  
Coffee, tea, or milk.

**WEDNESDAY, APRIL 18, 1945**

**Breakfast:**

Orange juice blend.  
Bran flakes.  
Scrambled eggs.  
Toast, butter.  
Coffee, tea, or milk.

**Dinner:**

Cream of tomato soup, crackers.  
Roast spareribs.  
Buttered boiled potatoes.  
Steamed sauerkraut.  
Bread, butter.  
Caramel custard.  
Coffee, tea, or milk.

**Supper:**

Hamburgers.  
Hash brown potatoes.  
Onion salad, french dressing.  
Bread, butter.  
Royal Ann cherries.  
Coffee, tea, or milk.

**THURSDAY, APRIL 19, 1945**

**Breakfast:**

Half grapefruit.  
Rolled oats.  
Hot cakes, sirup.

*Weekly regular diet menu, week beginning April 16, 1945, Aspinwall, Pa.—Con.*

THURSDAY, APRIL 19, 1945—continued

**Breakfast—Continued**

Toast, butter.  
Coffee, tea, or milk.

**Dinner:**

Julienne soup, crackers.  
Baked ham.  
Candied sweetpotatoes.  
Steamed cabbage.  
Bread, butter.  
Peach shortcake.  
Coffee, tea, or milk.

**Supper:**

Creamed beef on toast.  
Buttered asparagus.  
Pineapple salad.  
Bread, butter.  
Floating island.  
Coffee, tea, or milk.

FRIDAY, APRIL 20, 1945

**Breakfast:**

Applesauce.  
Corn flakes.  
Fried eggs.  
Toast, butter.  
Coffee, tea, or milk.

**Dinner:**

Cream of green-pea soup, crackers.  
Baked fillet of perch, lemon.  
Whipped potatoes.  
Buttered fresh spinach.  
Bread, butter.  
Raisin pie.  
Coffee, tea, or milk.

**Supper:**

Egg salad, mayonnaise.  
French fried potatoes.  
Stewed tomatoes with bread cubes.  
Bread, butter.  
Chocolate blanc mange.  
Coffee, tea, or milk.

Submitted by:

Approved:

SATURDAY, APRIL 21, 1945

**Breakfast:**

Orange.  
Whole-wheat meal.  
Broiled bacon and egg.  
Toast, butter.  
Coffee, tea, or milk.

**Dinner:**

Scotch broth, crackers.  
Roast lamb, gravy.  
Parslied potatoes.  
Buttered peas.  
Bread, butter.  
Apple cobbler.  
Coffee, tea, or milk.

**Supper:**

Baked beans with pork.  
Buttered cauliflower.  
Fruit salad.  
Bread, butter.  
Cinnamon rolls.  
Coffee, tea, or milk.

SUNDAY, APRIL 22, 1945

**Breakfast:**

Half grapefruit.  
Rice Krispies.  
Broiled ham.  
Toast, butter.  
Coffee, tea, or milk.

**Dinner:**

Vegetable soup, crackers.  
Swiss steaks.  
Mashed potatoes.  
Buttered beets, pickles.  
Bread, butter.  
Chocolate sundae.  
Coffee, tea, or milk.

**Supper:**

Sliced bologna.  
Potato salad.  
Buttered broccoli.  
Bread, butter.  
Apricots, cookies.  
Coffee, tea, or milk.

A. J. KACEROVSKY,  
Chief Dietitian.

M. L. MCCLUNG,  
Lieutenant Colonel, Medical Corps, Chief Medical Officer.

K. A. CARROLL,  
Colonel, Medical Corps, Manager.

QUESTIONS TO BE ANSWERED AS TO EACH VETERANS' HOSPITAL

Name of hospital: United States veterans' facility.

Address: Coatesville, Pa.

1. Question. Are there any general or specific complaints on the medical treatment and hospital care received by patients? If so, please describe briefly.

Answer. Mental hospital. We talked with a number of patients and feel satisfied with care given them.

2. Question. Has remedial action been taken by Veterans' Administration in these cases or others, which may have been previously reported?



Answer. In past all complaints have been investigated and promptly cared for.

3. Question. What is your opinion of the relative standards of treatment in the veterans' hospital as compared to State, county, municipal institutions in the same area?

Answer. We feel the standards in Coatesville Hospital are exceptional and patients receive the finest care. Kitchen needs modernizing and enlarging to care for heavy patient load.

4. Question. Do the manager, chief medical officer, and/or clinical director feel they have sufficient authority to run the hospital as efficiently as they might desire?

Answer. Yes; under present regulations governing Veterans' Administration hospitals. More liberal provisions should be made though for border-line cases.

5. Question. Do they feel there are undue restrictions and regulations under which they must function? If so, kindly specify what way.

Answer. Yes. Preparation of records and delay in admission of patients could be expedited with the elimination of a lot of red tape.

6. Question. Do they feel they have sufficient authority and latitude to supply competent doctors, nurses, and attendants?

Answer. Yes. But we feel and are convinced the standard of medical service in the veterans' hospitals could be greatly improved, by the upgrading of civil service compensation and incentive to strive for the higher ratings with an increased salary grade all along the line.

7. Question. Do they have encouragement and support in research, in participating in clinical meetings, symposiums, medical lecture courses, etc?

Answer. Yes. Regular curriculum of the Pennsylvania Department of Education is carried out. New attendants are schooled for 1 week before starting work in wards.

8. Question. What definite complaints, if any, are there as to the quality, quantity, variety, and preparation of food in the veterans' hospitals?

Answer. Investigation proves kitchen is entirely too small to adequately take care of double the patient load for which constructed. Equipment is played out and in many cases obsolete and should be replaced immediately.

9. Question. Have there been or are there any specific cases of alleged abuse or neglect of patients?

Answer. No.

10. Question. Are the recreational facilities adequate?

Answer. Yes when new additions are completed within a few months.

11. Question. Is the canteen service satisfactory, and are the prices charged veterans reasonable? If not, please describe.

Answer. No canteen is operated because of being a NP hospital.

12. Question. Are the medical equipment and clinical arrangements satisfactory?

Answer. Medical equipment is adequate and of best. Outside surgeons are called on when necessary.

13. Question. Do patients feel they are required to remain in receiving wards too long before complete examinations and treatment are started?

Answer. Consideration is given all mental patients' condition and they are rated accordingly.

14. Question. Are the periods of hospitalization proper? Too long? Too brief?

Answer. Patients are given furlough for trial visits home when staff feels they are recovered enough to warrant it. Discharged after several successful furloughs.

15. Question. How about cleanliness and neatness in the buildings and on grounds?

Answer. Management cannot be complimented too highly for cleanliness and appearance of both the buildings and grounds.

16. Question. Is it felt that the discipline and morale of the patients are satisfactory?

Answer. Yes. Patients in hospital have not been upset by unfavorable publicity.

17. Question. Are the transportation facilities to and from the hospital adequate?

Answer. Yes.

18. Question. Is the contact service considered satisfactory and adequate by the Disabled American Veterans.

Answer. No contact men necessary.

19. Question. How does the ratio of patients to full-time physicians, surgeons, nurses, and attendants in the veterans' hospitals compare to that in State, county, and municipal institutions.

Answer. Personnel complements entirely full and efficiently operate hospital.

20. Question. Are the patients too crowded? Is there sufficient floor space per patient?

Answer. No overcrowding and sufficient floor space for all.

21. Question. How do you find the discipline and morale of the hospital personnel?

Answer. Excellent.

22. Question. What is your recommendation as to type and number of beds that may be required for the new load?

Answer. Construction of new hospitals allotted to Pennsylvania should be started without further delay. Emergency expansion is needed to take care of NP and TB patients until new hospitals are functioning.

23. Question. What percentage of patients are leaving the hospital against medical advice? Why?

Answer. None.

24. Question. What percentage of patients are leaving the hospital against medical advice who are without dependents, due to the reduction of pension while being hospitalized?

Answer. None.

25. Question. Could better personnel care be furnished with staff aide program of Waacs trained in hospital routine, thus relieving nurses for more important duties?

Answer. No. Special training and sympathy for patients entirely necessary in mental institutions. Nurses' aides are doing splendid service with the aid of colored troops as attendants.

26. Question. Are there any complaints on the part of the patients regarding the lack of information given them as to their physical condition and advise when future treatments are necessary upon being discharged from the hospital?

Answer. No. It is a mental institution.

27. Question. What general or specific recommendations would you offer as to the medical treatment and hospital care of veterans in Veterans' Administration facilities.

Answer. Staff and personnel efficiency could be increased with additional compensation for each grade of service rendered. Kitchens should be modernized and enlarged without delay. Erection of authorized hospitals in this State should be started immediately, especially for NP and TB patients. Too many servicemen are placed in cells awaiting admission to veterans' hospitals suffering with NP diseases.

CHARLES E. TRICE,  
Department Commander.  
EDWARD D. STEINMAN, Jr.,  
HARRY C. MARTIN.

*Weekly regular diet menu, week beginning Monday, April 9, 1945, Coatesville, Pa.*

MONDAY, APRIL 9, 1945

Breakfast:

Fruit.  
Cornflakes.  
Soft-boiled eggs.  
Bread, butter.  
Coffee.

Lunch:

Sliced bologna.  
Potato salad.  
Pickled beet, onion salad.  
Bread, butter.  
Lemon blanc mange.  
Coffee or milk.

Dinner:

Pot roast of beef, gravy.  
Mashed sweetpotatoes.

MONDAY, APRIL 9, 1945—continued

Dinner—Continued

Fresh spinach.  
Bread, butter.  
Marble cake.  
Tea or milk.

TUESDAY, APRIL 10, 1945

Breakfast:

Fruit.  
Cream cereal.  
Sausage cake, hot cakes.  
Sirup, butter.  
Coffee.

Lunch:

Baked beans.  
Coleslaw.

*Weekly regular diet menu, week beginning Monday, April 9, 1945, Coatesville, Pa.—Continued*

## TUESDAY, APRIL 10, 1945—continued

## Lunch—Continued

Bread, butter.  
Fruit.  
Coffee or milk.

## Dinner:

Roast lamb, gravy.  
Parsley potatoes.  
Buttered peas.  
Bread, butter.  
Chocolate cream pie.  
Tea or milk.

## WEDNESDAY, APRIL 11, 1945

## Breakfast:

Stewed prunes.  
Rice Krispies.  
Scrambled eggs.  
Bread, butter.  
Coffee.

## Lunch:

Baked hash, gravy.  
Combination vegetable salad.  
Rolls, butter.  
Apple butter.  
Coffee or milk.

## Dinner:

Beef chop suey.  
Steamed rice.  
String beans.  
Bread, butter.  
Plain cake.  
Tea or milk.

## THURSDAY, APRIL 12, 1945

## Breakfast:

Fruit.  
Rolled oats.  
Bacon.  
Bread, butter.  
Coffee.

## Lunch:

Spaghetti with meat sauce.  
Buttered asparagus.  
Grapefruit lettuce salad.  
Bread, butter.  
Apricot ice cream.  
Coffee or milk.

## Dinner:

Meat loaf, gravy.  
Mashed potatoes.  
Fresh beets.  
Bread, butter.  
Date bread pudding.  
Tea or milk.

## FRIDAY, APRIL 13, 1945

## Breakfast:

Fruit.  
Cornflakes.  
Scrambled eggs.  
Bread, butter.  
Coffee.

## Lunch:

Sliced cheese.  
Hashed brown potatoes.  
Lettuce, pepper, and onion salad.  
Bread, butter.  
Frosted spice cake.  
Coffee or milk.

## Dinner:

Fried fish.  
Candied sweet potatoes.  
Dried lima beans.  
Bread, butter.  
Rice raisin pudding.  
Tea or milk.

## SATURDAY, APRIL 14, 1945

## Breakfast:

Bananas.  
Ranger Joe Puffed Wheat.  
Scrapple, sirup.  
Bread, butter.  
Coffee.

## Lunch:

Creamed dried beef.  
O'Brien potatoes.  
Bread, butter.  
Fruit.  
Coffee or milk.

## Dinner:

Roast pork, gravy.  
Dressing.  
Sauerkraut.  
Bread, butter.  
Spiced pumpkin pie.  
Tea or milk.

## SUNDAY, APRIL 15, 1945

## Breakfast:

Fruit.  
Cooked whole wheat cereal.  
Coffee cake, butter.  
Grape jelly.  
Coffee.



*Weekly regular diet menu, week beginning Monday, April 9, 1945, Coatesville, Pa.—Continued*

SUNDAY, APRIL 15, 1945—continued

Lunch:

Roast beef ribs, gravy.  
Parsley potatoes.  
Buttered carrots.  
Bread, butter.  
Vanilla ice cream.  
Coffee or milk.

Submitted by:

K. R. FOUTZ,  
*Lieutenant Colonel, Medical Corps, Chief Medical Officer.*  
LEO C. WOODS,  
*Chief Dietitian.*

Approved:

C. R. MILLER, M. D.,  
*Manager.*

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REPORT OF THE COMMITTEE OF AMERICAN LEGION, DEPARTMENT OF SOUTH CAROLINA, TO INVESTIGATE THE VETERANS' HOSPITAL AT COLUMBIA, S. C., (GENERAL MEDICAL AND SURGICAL, 695 BEDS)

TO THE NATIONAL COMMANDER OF THE AMERICAN LEGION:

At the request of the national commander of the American Legion, the department commander of the department of South Carolina appointed a committee to make a thorough investigation of the veterans' hospital at Columbia, S. C. This committee is as follows: Quay Hood, Lancaster, S. C., department service officer, chairman; R. Steadman Sloan, State service officer, Columbia, S. C.; Oscar H. Doyle, Anderson, S. C., past department commander and now United States attorney for the western district of South Carolina; Edward B. Hamer, member rehabilitation committee, Marion, S. C.; Dr. Robert B. Durham, Columbia, S. C., department medical adviser; R. Hoyt Fulmer, department commander, ex officio member of the committee; Jess Bullard, Columbia, S. C., department adjutant, ex officio.

The committee with all members present met in the office of the State service officer at Columbia, S. C., at 10 a. m., Thursday, April 5, 1945, and proceeded from there to the veterans' hospital, where it spent the balance of the day.

The committee again met on Thursday, April 12, 1945, and again proceeded to the veterans' hospital and the investigation was continued until completed.

Mr. S. C. Groeschel, manager of the facility, was very courteous to the committee and issued instructions to all personnel under his charge to show the committee every consideration, to answer any and all questions freely, and to exhibit anything that might be called for.

The committee made a careful inspection of all wards in the hospital and talked to a great many of the patients. Dr. Jackson F. Woods, chief medical officer; Maj. William G. Hartnett, chief of the medical service; Mr. S. C. Groeschel, manager; and Mrs. Grunmeyer, chief nurse, were all separately examined by the committee. Each of them responded to our question freely and fully.

Dr. Robert B. Durham, the medical member of the committee, has made several inspections of the hospital independent of the other members. He was requested to do this, as he has the technical knowledge, ability, and experience to properly appraise the purely medical part of the investigation. The committee has the utmost confidence in his ability and judgment and his written report of his findings is attached hereto and marked "Exhibit A."

The committee believes that it has made a very careful investigation and is now ready to make its report. Certain questions have been asked by the national commander and he requests that they be answered in the order in which they

appear in his memorandum. These questions and the committee's answers to them are as follows:

1. Question. Are there any general or specific complaints on the medical treatment and hospital care received by the patients? If so, please describe briefly.

Answer. The only complaints which have come to the attention of the committee were a few made by patients in ward 4. These were bed patients, veterans of World War II. They suffer from broken backs. Two of them expressed the feeling that they should be given physiotherapy daily rather than every other day. These patients, however, expressed the opinion that it was because of lack of personnel that such treatment was not given every day. There is really nothing that can be done for these particular patients except to make them as comfortable as possible as no treatment is going to improve their condition. Patients generally expressed satisfaction and appreciation of the services they were receiving.

2. Question. Has remedial action been taken by the Veterans' Administration in these cases or others which may have been previously reported?

Answer. No remedial action can be taken in these cases without an increase in the medical staff, which subject will be commented upon further.

3. Question. What is your opinion of the relative standards of treatment in the veterans' hospital as compared to the State, county, and municipal institutions in the same area?

Answer. As compared with State, county, and municipal institutions and private hospitals in this State, the standard of treatment in the veterans' hospital is very high. In our opinion, it is much higher than standards maintained by other institutions of like character.

4. Question. Do the manager, chief medical officer, and/or clinical director feel they have sufficient authority to run the hospital as efficiently as they might desire?

Answer. The manager and chief medical officer were examined closely as to this matter and, while neither of them was critical of their superiors in the service, the committee feels that both the manager and the chief medical officer should be given more general authority to perform their functions. They are bound strictly by a code of regulations and have very little authority to exercise discretion in emergencies. The committee believes that officers of the ability, experience, and character of the manager and chief medical officer of an institution the size of this should be vested with more authority and that to do so would improve the efficiency of the service.

5. Question. Do they feel that there are undue restrictions and regulations under which they must function? If so, kindly specify in what way.

Answer. The answer to question 4 sufficiently answers this question.

6. Question. Do they feel they have sufficient authority and latitude to employ competent doctors, nurses, and attendants?

Answer. All such appointments are subject to civil service. However, with very few exceptions, the doctors, nurses, and attendants assigned to the hospital have been competent.

7. Question. Do they have encouragement and support in research, in participating in clinical meetings, symposiums, medical lecture courses, etc.?

Answer. As the present time these activities are limited, but this is due in part to a situation created by the war. In normal times the medical staff has had more opportunity for research, participating in clinical meetings, etc. However, it is not felt that the Veterans' Administration has been as progressive as it might have been in these matters.

8. Question. What definite complaints, if any, are there as to the quality, quantity, variety, and preparation of food in the veterans' hospital?

Answer. There are no justifiable complaints as to quality, quantity, variety, and preparation of food at this hospital. On April 5, 1945, the committee was served the regular noonday meal in the dining room in the mess hall with the patients. The meal consisted of roast beef, butter beans, rice, gravy, carrot slaw, light bread, butter, coffee, and dessert. It was a well-balanced meal, exceptionally well prepared and attractive and was well served.

The committee inspected the mess hall used by colored patients and observed that they were enjoying the same identical food, served in the same way as the food being served to the white patients and to the committee.

It should be noted that the decision of the committee to take the noonday meal in the mess hall was made just a few minutes before meal time and there was certainly no extra preparation on account of the committee's presence.

The kitchen, cold-storage facilities, and supply rooms were closely inspected. The floor in the meat room needed cleaning. Windows in the kitchen needed washing. The dirt, however, was on the outside of the windows and not on the inside. A new ice-cream container should be supplied. The one in use is a makeshift and is not in a sanitary condition but is in as good condition as such a makeshift can be kept.

Many of the dishes in the dining room were chipped. The chief dietitian stated that the quality of help was inadequate, there being a turn-over of the unskilled help. This situation, however, is general and not confined to the veterans' hospital. It is just a general shortage due to the exigencies of the war.

9. Question. Have there been or are there any specific cases of alleged abuse or neglect of patients?

Answer. The committee found no specific cases of alleged abuse or neglect of patients. There have been, in the past, complaints of neglect that were probably justified, but these were exceptional.

10. Question. Are the recreational facilities adequate?

Answer. Recreational facilities are adequate in all respects except as to TB patients confined to the third floor of the building used by the colored patients. It is necessary to segregate these patients from other patients, and the hospital was not designed for treatment of TB cases. This class of patients should be sent elsewhere. The management is doing the best it can under the circumstances.

11. Question. Is the canteen service satisfactory, and are the prices charged veterans reasonable? If not, please describe.

Answer. This service is satisfactory in all respects.

12. Question. Are the medical equipment and clinical arrangements satisfactory?

Answer. See report of Dr. Robert B. Durham, exhibit A, attached hereto.

13. Question. Are the periods of hospitalization proper? Too long? Too brief?

Answer. While the committee heard no criticism in this respect, it is known that there have been complaints in the past of patients having been kept in the hospital longer than necessary. These were cases involving minor operations and claimants brought in for examination and observation. With more adequate medical personnel, there should be no excuse for future complaints on this score. Note "General Comment."

14. Question. Do patients feel they are required to remain in receiving wards too long before complete examinations and treatment are started.

Answer. No complaint is now being made as to time spent in the receiving ward. It was learned that the average time spent in that ward is now 3 days. Formerly there did exist some complaint as to length of time spent in receiving ward, but the service has been speeded up in this respect. At present a highly competent and efficient physician is in charge of the receiving ward.

15. Question. How about cleanliness and neatness in the buildings and on the grounds?

Answer. The grounds and buildings were in a well-kept condition. It was noted that in some of the buildings there were chipped places on the walls and that paint was needed in some places. Close observation, however, seems to indicate that lack of proper consideration among the patients is the cause of such abuse as exists.

16. Question. Is it felt the discipline and morale of the patients are satisfactory?

Answer. The discipline and morale of patients is generally satisfactory.

17. Question. Are the transportation facilities to and from the hospital adequate.

Answer. These facilities are adequate.

18. Question. Is the contact service considered satisfactory and adequate by the American Legion?

Answer. The contact service in recent months has materially improved and is satisfactory and adequate at the present time.

19. Question. How does the ratio of patients to full-time physicians and surgeons, nurses, and attendants in the veterans' hospital compare to that in State, county, and municipal institutions?

Answer. At the present time there are not enough full-time physicians assigned to the hospital. The management is making every effort to remedy this situation, but, due to the number of physicians in the armed services, it is very difficult to do so. The quantity of nurses and attendants is sufficient, although there is a



constant turnover in attendants. In these respects, however, the veterans' hospital compares very favorably to State, county, and municipal institutions.

20. Question. Are the patients too crowded? Is there sufficient floor space for patient?

Answer. The demands upon the hospital are constantly increasing and at this time there are too many patients for the space and facilities for caring for them.

21. Question. How do you find the discipline and morale of the hospital personnel? What are their complaints, if any?

Answer. The discipline and morale of the hospital personnel is generally good.

22. Question. What is your recommendation as to type and number of additional beds that may be required for the new load?

Answer. Note discussion of this question under the heading of "General Comment."

23. Question. What percentage of patients without dependents leave the hospital against medical advice? Why?

Answer. See tabulation attached hereto marked "Exhibit B." The reasons for such discharges are many and varied. Some are due to financial and domestic conditions; some on account of patient's belief that he is held too long and not making any progress as regards recovery; some on account of lack of confidence in his ward physician; and others due to no accountable reason except a desire to leave the hospital.

24. Question. What percentage of patients without dependents leave the hospital against medical advice due to the reduction in pension while being hospitalized?

Answer. The exact percentage is not known but it is believed to be negligible.

25. Question. Could better personal care be furnished with staff aide program of Wacs trained in hospital routine, thus relieving nurses for more important duties?

Answer. The committee believes that the service could be improved by furnishing clerical assistance to nurses and doctors to relieve them of the constant demands of purely routine and clerical work.

26. Question. Are there any complaints on the part of the patients regarding the lack of information given them as to their physical condition and advice as to future treatment upon being discharged from the hospital?

Answer. See recommendation of Dr. Robert B. Durham, exhibit A.

27. Question. What general or specific recommendations would you offer as to the medical treatment and hospital care of veterans in Veterans' Administration facilities?

Answer. See "General comment."

#### GENERAL COMMENT

The Veterans' Hospital at Columbus, S. C., was opened for patients on December 1, 1932. From that date up to April 19, 1945, 40,874 patients had been admitted. The percentage of readmissions is not known, but, of course, it would be relatively high. Any administrative program dealing with that many people would naturally produce dissatisfaction and complaints, and would involve instances of lack of proper attention and consideration on the part of the personnel. The membership of this committee, all of whom have been in close contact with the hospital since it was opened, each of whom having been a patient in the hospital, have heard complaints involving various phases of care and treatment, including criticism of individuals administering the treatment. This is no doubt true of any hospital whether it be public or private. The manager, the chief medical officer, and other key officials have been well aware of much of the criticism and complaints. In fairness to them, however, the committee is convinced that steps have been taken and are still being taken to remedy any condition or situation that may have been responsible for cases of justifiable criticism and complaint. Certain members of the personnel which the committee interviewed explained dissatisfaction at the present level of sanitation in the hospital, but aside from such comment as appears in other sections of this report, the committee found no evidence of unsanitary conditions which would interfere with the welfare of the patients, and which could not reasonably be expected to clear up when more personnel is available. The

present chief nurse indicated that she has a sort of sanitation complex and that her aim was to work untiringly until a state of reasonable perfection in sanitation is achieved.

The committee observed a certain degree of disorganization in the surgical service. In fact, this was reflected to some extent in comment among certain patients on that ward. It may be attributed in part to a rather crowded condition in the surgical ward and also to changes in the surgical personnel. This hospital, since it was opened, has been a training ground for surgeons, under the present chief of the surgical service. Whether this policy has been unavoidable from the standpoint of central office is a question which this committee could not answer. It is felt that the system has not always worked advantageously from the standpoint of the patient. At the present time there are on this ward several World War II veterans, rated totally disabled, whose recovery is beyond the vale of hope. Such patients are battle casualties and they should be accorded every consideration in connection with an effort to satisfy their minds, even if their bodies cannot be helped. Even with the limited personnel, we would recommend a closer and more frequent contact with this type of patient from the surgical service. The same recommendation would apply to all types of hopelessly disabled battle casualties in particular.

The manager supplied this committee with a list showing the names, grade or rank, salary range, and school from which graduated, of each member of the medical personnel. It is felt that each physician has an excellent scholastic and training background to equip him for the duties to be performed. Considerable discussion was had with regard to the adequacy of the salary range of medical personnel in the Veterans' Administration. There are those who take the view that increase in this salary range would result in the employment of more highly trained and experienced doctors. Others take a different view. It is believed that this question should be made the subject of further investigation on the part of the medical service in central office, acting in collaboration with the heads of the interested veterans' organizations. It is further believed and so recommended that on the question of medical personnel more attention should be given to the distribution and allocation on the basis of the racial extraction of such personnel than has heretofore been done. This suggestion is made without any reflection upon the professional attainments of any race or groups. It cannot be gainsaid that any situation or condition that runs counter to a psychological understanding between physician and his patient is not likely to achieve desired results.

This committee would recommend the continuation of efforts to speed the assignment to beds of all acutely ill applicants for admission to the hospital, avoiding as far as possible the delay incident to obtaining family history and other data. It would further recommend a continuation of the marked improvement in reassigning patients from the receiving ward. It is felt also that there is room for improvement in the turnover of many of the general medical cases, and more particularly in those cases involving only minor surgery, to say nothing of those brought in for examination and observation. Under the present load, and the increase which is bound to follow, such recommendations are felt necessary in the interest of available space until further building construction has been completed.

The committee members further suggest that the eye, ear, nose, and throat clinic at the hospital has been neglected by the medical service in the central office more than should have been the case in any general medical hospital the size of this one. Transfers have been numerous and frequent, and the service has not been up to standard. At the present time the physician in charge professes no knowledge whatever of eye diseases or conditions. This is a matter of extreme importance and should be corrected.

The present capacity of this hospital being 609 beds, with additional emergency space allowable that would provide for 150 to 200 additional beds, it is believed that the entire capacity would be adequate for some time to take care of white patients in this area. It is the recommendation of this committee that in the matter of new construction for this area, every possible consideration be accorded to the question of a new hospital for colored patients, to include general medical, neuropsychiatric, and tubercular cases. The present plant is not adapted, nor do we believe it can be reconstructed, to properly provide for white patients and

colored patients suffering from both general medical and tuberculosis conditions.

In conclusion, the committee reiterates its confidence in the administrative ability, experience, judgment, and integrity of the manager of the combined facility and the chief medical officer to perform their respective duties in a manner satisfactory to the public. It is believed that wherever and whenever dereliction on the part of personnel may exist, and in cases involving just criticism from time to time, steps will be taken by these officials to remedy the situation.

Respectfully submitted on behalf of the committee,

By QUAY HOOD, *Chairman.*

APRIL 30, 1945.

#### EXHIBIT A

COLUMBIA 29, S. C., April 11, 1945.

#### REPORT OF DEPARTMENT MEDICAL ADVISER TO DEPARTMENT COMMANDER

After a most thorough and complete inspection and investigation of the medical activities of the Veterans' Administration located at Columbia, S. C., I wish to make the following comments:

The medical and surgical treatment administered to the veterans of this State is equal to or surpasses that received in private institutions. Due to the shortage of doctors, nurses, attendants, and so forth, caused by the emergency, I would classify this service as excellent.

I would suggest that the manager and chief medical officer be granted additional authority to hire and fire competent help without having first to obtain permission from central office. The central office in Washington, D. C., holds these gentlemen responsible, yet they are restricted very much in their authority.

I would also suggest that the manager and chief medical officer be allowed additional authority when it comes to making requisitions for supplies for the simple reason they are on the job and know what is needed, and certainly central office, located in Washington, D. C., cannot know and visualize the needs and requirements of each individual station.

A thorough investigation of the food supply as to quality and quantity is thoroughly satisfactory. The sanitation of the cold storage, the kitchens, dining rooms, and the manner in which the food is served is excellent. One needed piece of equipment is an ice-cream storage plant, as the one they have is completely worn out and is an unsightly and unsanitary makeshift.

After interviewing a number of patients, both in and out of the veterans' hospital, I have met with no complaints that I felt were justified; that is, to the manner in which treatment was administered.

I would also recommend both a mobile electrocardiograph machine and basal metabolic machine. This I feel would speed the stay of the men in the hospital to some extent, as I do feel that the stay of patients in the hospital is too long. (Of course, this is occasioned by the doctors, nurses, and attendants being overloaded and the hospitals too crowded.)

It is felt that the discipline and morale of the patients are satisfactory, but here again I do not think the manager and chief medical officer have enough authority to discipline the patients when they break the rules and regulations.

I wish to recommend strongly that the individual patient be advised in detail as to his disability, the type treatment, diet, and so forth he should follow after being discharged from the hospital, maximum benefit received. If necessary, he should be given a note to his family physician outlining his disease and treatment he should follow after returning home.

I further recommend that all tuberculous patients be transferred immediately from this station to a recognized tubercular hospital. This, in my opinion, is one of the worst conditions existing at our local institution (even though these tubercular patients are segregated).

My last and most important recommendation is that the manager and chief medical officer, along with the tremendous amount of responsibility placed on their shoulders, be given additional authority in operating and maintaining a high standard of care for our ex-servicemen.

Respectfully submitted.

ROBERT B. DURHAM, M. D.



## EXHIBIT B

## TOTAL FOR 1943

	Admissions	Discharges	Against medical advice	Absent without leave	Deaths
January.....	288	244	1	24	14
February.....	252	240	3	21	19
March.....	284	299	0	20	21
April.....	317	279	2	19	15
May.....	277	297	3	22	10
June.....	323	297	3	29	18
July.....	371	288	3	34	15
August.....	369	375	5	45	11
September.....	307	354	5	49	15
October.....	305	315	2	35	20
November.....	312	297	3	28	16
December.....	273	301	1	38	13
Total.....	3, 678	3, 586	31	364	187

## TOTAL FOR 1944

January.....	396	315	6	28	26
February.....	306	329	3	35	14
March.....	326	376	1	33	14
April.....	344	336	2	26	11
May.....	382	401	8	25	13
June.....	346	351	1	33	16
July.....	351	349	2	26	19
August.....	417	423	4	42	18
September.....	418	361	8	32	11
October.....	415	409	8	44	17
November.....	361	320	6	17	20
December.....	335	389	7	29	19
Total.....	4, 397	4, 359	56	370	194

## TOTAL FOR 1945

January.....	496	402	12	35	18
February.....	462	404	4	60	19
March.....	435	478	53	29	22
Total.....	1, 393	1, 284	69	124	59

DISABLED AMERICAN VETERANS,  
DEPARTMENT OF SOUTH CAROLINA,  
Columbia, S. C., April 14, 1945.

Mr. MILTON D. COHN,  
National Commander, Disabled American Veterans,  
Cincinnati, Ohio.

DEAR COMMANDER COHN: In response to your letter of March 21, 1945, the undersigned committee made an investigation of the Veterans' Administration hospital in Columbia, S. C., and we beg to submit our report as following and in answer to each question in numerical order.

Yours very sincerely,

JOE K. DUCKWORTH,  
State Commander, Chairman,  
Dr. A. H. HAYDEN,  
LUCIUS J. SPIRES,  
Investigating Committee.

P. S.—The attached medical report answers questions 19 and 23. We did not make an extra copy of this, but sent it as was received by us from the hospital.

JOE.

## REPORT OF INVESTIGATING COMMITTEE

1. Answer. Yes; some not satisfied, but most are satisfied with the medical treatment and hospital care. The surgical treatment is excellent and we heard plenty of praise in regard to this. The general feeling was that the doctors had too many patients and too much paper work to do. This makes the patients stay in the hospital longer than is usually required. We talked to some of the old timers—patients there since hospital opened, and their opinion was that there were not enough doctors, nurses, and attendants at this hospital. They said that the younger men, veterans of this war, become impatient because they have to stay in hospital so long, and some leave against medical advice because of this.

2. Answer. Yes, all that has come to their attention.

3. Answer. The standards of treatment are the same, but we have heard some remark that they have had better treatment and more attention at the veterans' hospital than at the Columbia Hospital.

4. Answer. Not allowed leeway because of being bound down by so many restrictions and red tape which have been created to correct conditions existing in the past, and authority to exercise their own judgment in a number of local conditions for the good of the service.

5. Answer. Yes; answered in answer to question No. 4.

6. Answer. Have absolutely no authority to employ doctors. Have some authority to employ nurses but central office has to pass on them. Have authority to employ attendants but restricted in the number to employ. With the present and expected heavier-heavy load, should have authority to employ more to compensate for sick and annual leave, etc. These employees are allowed a certain amount of annual and sick leave, but do not have enough help to do this efficiently. Found one case where an attendant got out of sick bed to go on duty. Not enough doctors, one ward closed because of this shortage and another doctor has two wards in different buildings.

7. Answer. Shortage of doctors and lack of time does not permit sufficient work along this line. Dr. Gibbs comes out every week and holds clinic which improves and keeps the doctors on their toes.

8. Answer. The food is as good as can be obtained under present conditions. Well prepared and nourishing.

9. Answer. No.

10. Answer. Yes; and will be enlarged to include occupational therapy.

11. Answer. No. Too small, have asked central office for enlargement but were turned down. Built for a 300-bed hospital which now has 600 beds. Prices are O. K. and meals are as good or better than uptown.

12. Answer. No; short of space; equipment adequate for work it was bought to do, but is now obsolete, and the new and improved machines should be bought to replace all of this obsolete equipment.

13. Answer. Too long. Do not have adequate personnel—mainly doctors—to push cases through as they should be.

14. Answer. Yes; answered by 13, in part. With adequate doctors, could get patients out of receiving ward in record time.

15. Answer. In very good condition, but could be better with sufficient help.

16. Answer. No. Some are not. Some say that they have to stay too long. Do not get to see doctors as soon and as often as they should. Shortage of doctors causes this. Under these circumstances the morale is good, but could be greatly improved if sufficient doctors were furnished.

17. Answer. Fair; but should have one-half-hour bus service because of the increased load. This should be enlarged, as the transportation company has the busses for this.

18. Answer. Yes; have contact representatives contacting each discharge center. This means for those discharged because of a disability. This will be expanded as need arrives.

19. Answer. The ratio in regard to the veterans' hospital is listed below. This is a higher ratio than the county and municipal hospital. (See attached report.)

20. Answer. Yes; for 600-bed capacity there is plenty of room, but with one ward closed—for lack of doctors—and the present load with the anticipated load, no.

21. Answer. Morale could be better if employees did not have to be overworked because of the lack of help. Pay scale should be raised in some cases. Not comparable to outside pay. Because of their loyalty and love of country and fellow men they—some—carry on regardless. As a whole, they are loyal and good. Professional, clinical, and technical personnel felt that they have too much to do, such as paper work, routine such as checking laundry, etc., to allow them to do their

professional requirements. Doing work that could and should be done by clerks.

22. Answer. It is our belief and recommendation that a new hospital should be built in this State—entirely for Negroes. This hospital is to be manned throughout by Negro doctors, nurses, attendants, clerks, technicians, cooks, etc. If this were done, it would give 200 or more beds here at this hospital for white patients. This with an additional 400 or 500 beds should handle our load. There are 85 Negro TB cases here at present. Should not be in this hospital, as not adequately prepared for them. Were put here as an emergency—over a year ago—but have been left here. Should be removed as soon as possible, because they have to be confined while here.

23. Answer. See attached medical report.

24. Answer. Yes. Could take over lots of unnecessary work now being done by nurses and doctors.

25. Answer. Very small. Not many complain of this. Most World War I veterans have dependents, as do quite a few World War II veterans.

26. Answer. Yes; special cases, such as diabetics, ulcer cases, etc., do get information as to diet, etc., that they should follow. Will give complete report to family physicians if requested. Patients are given all that is necessary.

27. Answer. More beds, more doctors, nurses, attendants, etc. More help so that doctors and nurses will have more time for more important work. Replace all obsolete equipment with new, modern equipment. Give local hospitals more authority to buy. Cut red tape, such as bids and rigid specifications, etc. Negro hospital as explained in answer to question No. 22. Definitely some arrangements should be made to adequately care for the women veterans, such as nurses, Wacs, Waves, etc.

JOE K. DUCKWORTH, *Chairman.*

A. H. HAYDEN.

LUCIUS J. SPIRES.

P. S.—We think that the entire personnel of this hospital deserves lots of credit for the wonderful work that they have done and are doing.

COLUMBIA, S. C., April 4, 1945.

To: Manager.

From: Chief Medical Officer.

The question has been asked, "What is the ratio of patients to full-time physicians, surgeons, nurses, and attendants?" This question is difficult to answer for several reasons. In the first place, surgeons are physicians and there is no reason to make a separate estimation unless it is desired to know how many surgical patients are assigned to each surgical physician. Again, several physicians are on the staff, but they do administrative, semi-administrative, or laboratory work exclusively, such as the pathologist and roentgenologist. It is believed that what is desired is the average number of patients under each ward surgeon. Even the answer to this question would not give the true picture, for some ward surgeons have two wards, and are heavily overloaded, while other ward surgeons have only one ward, and sometimes that ward is small.

On March 28, 1945, there were 578 patients being hospitalized at this facility. Of this number, 307 were white and 271 colored veterans. Of the white veterans, 84 were surgical and 223 medical cases; of the colored 47 were surgical, 81 tuberculous, and 143 were medical cases.

On the same date 21 full-time physicians were on duty in the hospital and regional office. Of these, four were assigned to duty in the regional office and do no treatment of patients, only examinations. Of the 17 assigned to the hospital, there are included the chief medical officer whose work is wholly administrative; the roentgenologist whose work is entirely in the X-ray department and who treats no patients except those few requiring X-ray therapy; the pathologist whose work is confined to supervising the clinical laboratory and to the examination of tissues and who treats no patients directly; the chief of the surgical service whose duty it is to supervise the surgical activities and perform operations, but who now has to perform the duties of ward surgeon on one surgical ward due to lack of enough physicians; the chief of the medical service who treats no patients directly except when acting as ward surgeon in the absence of one; the eye, ear, nose, and throat specialist whose work is chiefly examinations with a few operations. There are not more than six eye, ear, nose, and throat cases under his care at present. This leaves 11 physicians who are directly responsible for the care and treatment of patients on the wards. Of these, two are assigned to the reception ward where all initial examinations on white patients are done.



There is a minimum amount of treatment on this ward. So really, nine physicians are, in the main, responsible for the care of the majority of the patients. It is believed a clearer picture will be had if the patients are tabulated by wards, whether medical or surgical, and how many physicians are assigned to the wards.

Ward	Beds	Patients	Physicians	Average number of patients
Reception ward: 1	41	27	2	13.5
Medical wards:				
2	49	43	1	92½
13	53	49	0	
Medical wards: 3	57	52	1	52
Surgical wards: 4	44	44	1	44
5	58	40	1	40
Medical, colored:				
6	74	96	2	48
7	44			
Surgical, colored: 8	65	47	1	47
Medical, colored: 9	48	47	1	47
TB, colored:				
10	57	81	1	81
11	40			
14	46	(2)		
Total	731	578	11	529½

<sup>1</sup> Chief of surgical service now acting as ward surgeon on ward 4 in addition to his other duties.

<sup>2</sup> Closed.

From this tabulation can be seen the variance in the number of patients under the care of the individual ward surgeons. Not counting the reception ward as a treatment ward, would bring the average number of patients being cared for by ward surgeons to 61 2/9. It is to be noted, one ward surgeon has 42 patients and another 81 (TB). Also, to be noted, is that the eye, ear, nose, and throat specialist has only six patients under his immediate care. He acts as consultant, examines and prescribes treatment for patients on the various wards who have some eye, ear, nose, and throat trouble but who are being hospitalized for some other condition, such as heart disease.

#### NURSES

On March 28, 1945, 64 graduate nurses were assigned to this facility. Of these, 2 were here for 1 month's training before being transferred elsewhere. This month's training is to familiarize them with R. & P. and the paperwork required by the Veterans' Administration. In reality, the training of these nurses consumes the time of other nurses and they are more of a liability than an asset during this month. Deducting these two leaves 62 graduate or staff nurses to care for 578 patients; or 1 nurse to about 9½ patients. However, there are three tours of duty of 8 hours each for the nurses so there are more than 9 patients to each nurse, but simply multiplying 9 by 3 will not actually give the number of patients being cared for at any one time by each nurse, for on the 7 a. m. to 3:30 p. m. shifts, the time of day when most nursing care is required, more nurses are on duty. Also, to be remembered is that all nurses are not on duty each day, for some will be on leave, either annual or sick leave.

#### ATTENDANTS

On March 28, 1945, 89 attendants were employed at this facility. Of this number 20 were off duty, either for annual or sick leave or were having their lieu days for having worked on Sunday. The attendants, also, work in three shifts, same as the nurses, and more attendants are required on the 7 a. m. to 3:30 p. m. shift because more work is done during this period. Therefore, the ratio of attendants to patients varies for the three shifts or tours of duty as to whether the ones actually on duty are to be considered. For example: 578 divided by 89 equals 6 44/89; 578 divided by 89 minus 20, equals 8 26/69; or, 578 divided by 89, equals 6 44/89 multiplied by 3 (shifts), equals, 19 43/89; 578 divided by 89 minus 20, equals 8 26/69 multiplied by 3 (shifts), equals 25 9/69.

J. F. Woods, *Chief Medical Officer.*

## TOTAL FOR 1943

	Admissions	Discharges	Against medical advice	Absent without leave	Deaths
January.....	288	244	1	24	14
February.....	252	240	3	21	19
March.....	284	299	0	20	21
April.....	317	279	2	19	15
May.....	277	297	3	22	10
June.....	323	297	3	29	18
July.....	371	288	3	34	15
August.....	369	375	5	45	11
September.....	307	354	5	49	15
October.....	305	315	2	35	20
November.....	312	297	3	28	16
December.....	273	301	1	38	13
Total.....	3,678	3,586	31	364	187

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June.....	346	351	1	33	16
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August.....	417	423	4	42	18
September.....	418	361	8	32	11
October.....	415	409	8	44	17
November.....	361	320	6	17	20
December.....	335	389	7	29	19
Total.....	4,397	4,359	56	370	194

## TOTAL FOR 1945

January.....	496	402	12	35	18
February.....	462	404	4	60	19
March.....	435	478	53	29	22
Total.....	1,393	1,284	69	124	59

Name	Rank or grade	Age	Salary range	Salary received	School from which graduated
Woods, Jackson F., chief medical officer	P&S-6	49	\$5,600-\$6,400	\$5,600	Medical College of South Carolina.
Coffee, Henry D., chief, surgical service	P&S-6	59	5,600-6,400	\$6,000	Atlanta School of Medicine (now Emory University).
Ruoff, John S., senior medical officer, T.B.	P&S-5	56	4,600-5,400	\$5,400	Tulane University, New Orleans.
Smarr, Roy G., medical officer	P&S-4	46	3,800-4,600	\$3,800	Medical College of South Carolina, Charleston, S. C.
Birch, Louis, medical officer	P&S-4	39	3,800-4,600	\$4,200	University of Pennsylvania, Philadelphia, Pa.
Gibbes, James H., consultant	Part time	57		\$900	Johns Hopkins.
Barlove, Ira J., ear, nose, and throat, senior medical officer	Lieutenant colonel, P&S-5	47	4,600-5,400	Lieutenant colonel	Syracuse University Medical School.
Barnett, Roy N., pathologist, senior medical officer	Major, P&S-5	31	4,600-5,400	Major	Yale Medical School.
Feddy, Albert M., senior medical officer, N.P.	do	42	4,600-5,400	do	University of Virginia Medical School.
Hertnet, William G., chief, medical service, senior medical officer	do	42	4,600-5,400	do	Loyola University, Chicago.
Rosenberg, Nathan, senior medical officer	do	51	4,600-5,400	do	Harvard Medical School.
Williams, Daniel B., chief Rec. and O. P. service, senior medical officer	do	64	4,600-5,400	do	Atlanta School of Medicine.
Zimmerman, Solomon L., cardiologist, senior medical officer	Major	33	4,600-5,400	do	New York University.
Pococky, Henry, radiologist, senior medical officer	Captain, P&S-5	35	4,600-5,400	Captain	New York University and Bellevue Hospital Medical College.
Alton, John J., medical officer	Captain, P&S-4	36	3,800-4,670	do	University of Chicago.
Burger, Mortimer D., medical officer	do	36	3,800-4,670	do	Vermont University.
Batt, William J., medical officer	do	58	3,800-4,600	do	Loyola School of Medicine.
Miller, Harold, medical officer	do	28	3,800-4,600	do	Long Island College of Medicine.
Snell, Philip, medical officer	First lieutenant, P&S-4	29	3,800-4,600	First lieutenant	Royal College of Edinburgh.
Lambertus, Paul T., associate medical officer	First lieutenant, P&S-3	35	3,200-3,800	do	Rush Medical College, University of Chicago.
Brunson, Francis A., medical officer	Captain, P&S-4	40	3,800-4,600	Captain	Medical College of South Carolina.
Smith, Richard L., associate medical officer	First lieutenant, P&S-3	26	3,200-3,800	First lieutenant	University of Georgia, Medical College.
Richards, Paul K., chief, dental service	Major, P&S-5	49	4,600-5,400	Major	University of Indiana.
Taylor, William F., assistant chief, dental service	First lieutenant, P&S-4	49	3,800-4,600	First lieutenant	University of Denver School of Dentistry.
Lundblad, Clarence H., associate dentist	First lieutenant, P&S-3	51	3,200-3,800	do	University of Minnesota.



THE AMERICAN LEGION,  
DEPARTMENT OF SOUTH DAKOTA.  
*Huron, S. Dak., May 6, 1945.*

EDWARD A. SCHEIBERLING,  
*National Commander, Washington 6, D. C.*

DEAR ED: I am very sorry indeed to be so late on forwarding to you this report on Battle Mountain Veterans Hospital in Hot Springs but I have made my explanations in a prior letter and it just could not be helped.

Hoping this still will be of service to you and wishing you a very successful year, I am

With kindest personal regards,

Dr. RAY A. STRATTON,  
*Department Commander.*

VETERANS' ADMINISTRATION, BATTLE MOUNTAIN, HOT SPRINGS, S. DAK., GENERAL  
MEDICAL AND SURGICAL, 272 BEDS

1. Answer. Yes. The TB patients have a great deal of complaint on their lack of chest surgery. We understand that the doctor is capable but lacks the facilities.

2. Answer. No.

3. Answer. The standard of treatment is equal to any hospital in the community but the patient load is too great for the number of doctors.

4. Answer. Yes; they do.

5. Answer. They sometimes feel that the clearance through central office slows the procedure, but this could be speeded if the personnel would use telegrams or long distance phone calls.

6. Answer. No, they do not. All employees must be cleared through central office.

7. Answer. They hold staff meetings very regular.

8. Answer. One complaint on the food is that it has not been hot enough, but that has been corrected. The food in the domiciliary is not good and there is a lot of complaint. Diets are not followed closely.

9. Answer. Yes; neglect in certain cases.

10. Answer. Very much inadequate. There is no provision whatsoever for the patients.

11. Answer. The canteen service is not satisfactory. The prices charged are reasonable. The canteen is open only afternoons and is not at all adequate.

12. Answer. The equipment is very good excepting that for the TB ward. Also the laboratory.

13. Answer. The period of hospitalization is long, but is caused by the lack of doctors.

14. Answer. When a patient enters the facility and is ill, he is immediately sent to the ward where he is to receive treatment for his illness, otherwise more time is given him in the receiving ward and his case thoroughly checked. I think that the patient could be pushed along faster.

15. Answer. Excellent.

16. Answer. I think it is all right. My only suggestion would be that more entertainment be arranged and planned for the younger men.

17. Answer. From the facility to the town, it is satisfactory, but into the town the Pullman facilities are inadequate.

18. No. It is a necessity that the American Legion maintain a contact office at the facility and it should be adequately staffed.

19. We need more doctors and nurses for the patient load. The doctors carry about 40 patients plus their consultation work and the additional work of completing their forms on each case.

There is a great need for more attendants. The fault of this shortage is the inadequate pay for this type of work to attract efficient, educated, and capable men who can and will try to understand the lectures and procedures, as they are constantly in contact with the patient. More stress should be placed on these attendants and they should be paid a better wage.

20. Answer. Not now. They have adequate floor space now.

21. Answer. It is good. The only complaint is that some of them are underpaid.

22. Answer. It is necessary to build a new building in order to carry the additional load. The bed capacity of the present hospital is at the peak.

23. Answer. Not many. Those leaving are mostly World War II. No entertainment, are dissatisfied and the TB wish to go where they can have better treatment. This is no reflection on the present doctor.

24. Answer. I do not believe that this causes many to leave.

25. Answer. I think that it should be nurses and trained attendants to care for the hospitals. I do not think that the Wac service would prove adequate.

26. Answer. That is the greatest complaint about this institution. A patient is told nothing. He is supposed to accept their treatment and not ask any questions in return. Nothing can be learned from asking the doctors. They tell the patient that the Government regulations are such that they are not allowed to give out information regarding the patient. After his treatment, he must resort to a private physician in order to learn his physical condition. Nothing is given out either to the patient or his next of kin.

27. Answer. (1) Better treatment and better facilities for caring for the TB patients.

(2) A porch should be built off ward 18 (TB ward) whereby the patients could get out of doors.

(3) More nurses and doctors and a better rate and pay for the ward attendants and give the attendants an opportunity to work up. The men who are now hired (with exceptions) are not trained. They must be trained in the facility and their pay is inadequate, thereby only the poorer type of men apply for the job.

(4) A canteen should be maintained for the benefit of the patients.

(5) More entertainment should be had for the patients.

(6) Advice should be given to the out-going patient as to his physical condition and how he can best keep his health. He should be advised of his physical condition and not have to have a P-22 issued to some organization in order to learn what is wrong with him. More time should be given the patient, but this cannot be done with the understaffed facility as it now stands. A personal interest and a visit to the patient would assist greatly in the morale of the patient.

(7) An overhead should be built running from the hospital to the porch on ward 6. It should be enclosed, enabling patients from the hospital to go to the canteen without going out-of-doors.

(8) The diet, when assigned to a patient, is not strictly adhered to and caused considerable trouble.

(9) A doctor should be kept at the domiciliary at all times. Several deaths have occurred recently due to lack of attention when the patient first complained. A doctor makes a call at the domiciliary each day, but nothing constructive is done.

(10) A doctor should be placed on the receiving ward. This man should not be the receiving doctor. At present one man carries both and it is too much.

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VETERANS OF FOREIGN WARS OF THE UNITED STATES,  
NATIONAL REHABILITATION SERVICE,  
Washington 5, D. C.

SOUTH DAKOTA (ONE HOSPITAL)

Hot Springs facility, Hot Springs: General hospital, 272 beds; and dormitory, 588 beds.

Complaints: Inadequate recreational facilities.

Recommendation: Correction of above.

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OFFICIAL REPORT OF ADRIAN L. FORRETTE, COMMANDER, DEPARTMENT OF SOUTH DAKOTA, VETERANS OF FOREIGN WARS, TO COMMANDER IN CHIEF JEAN A. BRUNNER, OF THE BATTLE MOUNTAIN SANITARIUM, VETERANS' HOSPITAL, HOT SPRINGS, S. DAK.

1. Answer. On April 12, 1945, I made a complete inspection and found that the patients had no complaint to offer. They were all well satisfied in every way.

2. Answer. There were some complaints a few years ago but these have since been corrected.

3. Answer. I find that the treatment or the relative standards of treatment in the veterans' hospital compares very favorably to our State institution as I had only recently made a visit there.

4. Answer. The manager, chief medical officer, and others feel they have sufficient authority to run the hospital as efficiently as they may desire.

5. Answer. No; they do not feel that there are undue restrictions and regulations under which they function. They feel that some of the regulations help them.

6. Answer. They do feel that they have sufficient authority and latitude to employ competent doctors, nurses, and attendants. In my opinion, in normal times the minimum salary of \$3,800 is sufficient to insure satisfactory doctors.

7. Answer. There is no chance for research outside of these facilities. They have their own regular meetings every week.

8. Answer. I found no complaints on food in any way.

9. Answer. There has not been and there is not one specific case of alleged abuse or neglect of patients.

10. Answer. The veterans do think that the recreational facilities are inadequate as all they have are smoking and card rooms. The biggest complaint in this is, that they have very poor chairs in the bedrooms.

11. Answer. The canteen service is very satisfactory. Every man I contacted, and they were many, told me that the prices were right and that is was 100 percent.

12. Answer. The medical equipment and clinical arrangements are satisfactory.

13. Answer. There were no complaints on hospitalization.

14. Answer. They do not. They all seem to be well satisfied.

15. Answer. The cleanliness and neatness in the buildings and on the grounds are the best that I have ever seen anywhere. I inspect this hospital often.

16. Answer. It is felt that the discipline and morale of the patients are satisfactory.

17. Answer. If it is meant beyond the city itself, then I will say "No" to that question for the reason set forth.

First, There are no train facilities to bring men to Hot Springs. They have to come in their own cars or have someone drive them there from all over the State.

There are many things to take into consideration here in South Dakota regarding transportation to and from the hospital. In emergency cases the hospital has always cooperated to the fullest extent and sent the ambulance, but what of several such cases at the same time? I believe this could be remedied by someone being appointed from each small town or city to take care of cases in time of need.

18. Answer. The contact service is considered satisfactory by the VFW.

19. Answer. I believe that the veterans' hospital has more—in fact, I know that they have more than the State institution has.

20. Answer. There is sufficient floor space per patient. They are not crowded at the present time.

21. Answer. The discipline and morale of the hospital personnel is O. K. I heard no complaints.

22. Answer. If the intention is to send more TB patients, then they must have more beds as they are already filled to capacity.

23. Answer. The report for the following and for the first 2 months will perhaps give you an idea in percentage: For the first 2 months, total admissions, 245; total discharged from actual hospital treatment, 194. General medical and surgical: Improved, maximum hospital benefits, 112, or 60 percent; cured, 10, or 5 percent. Cured of condition for which hospitalized but having other conditions shown as improved: Maximum hospital benefits, 40, or 23 percent; unimproved, 6, or 3 percent; irregular, 3, or 2 percent; deaths, 7, or 5 percent; transferred for special treatment, 1.

24. Answer. The Wacs would be O. K. only in the X-ray and operating room. They could not use them in wards for the men resent them as they would sooner have male attendants. The regular nurses would resent them also.

25. Answer. Many of them do not wish to enter due to the reduction in pension and some of them do leave after they learn this. Throughout the years gone by I personally have felt that they should have more than they are allowed. I find that many of them haven't even enough at the end of the month to purchase a stamp to mail a letter home. The VFW has been furnishing stationery and stamps throughout the years, which they are most short of. This should be remedied as we all feel that they should be left enough of their pension to get the little things they might need from one pay day to another.



26. Answer. I did not hear any complaints regarding same.

27. Answer. Get the best of doctors, nurses, and attendants who can understand humanity and who have a heart and you will have the job done.

ADRIAN L. FORETTE,

*Commander, Department of South Dakota, Veterans of Foreign Wars.*

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RE REPORT OF THE DEPARTMENT OF SOUTH DAKOTA, DISABLED AMERICAN VETERANS, ON THE QUESTIONNAIRE OF THE NATIONAL COMMANDER RELATIVE TO CONDITIONS EXISTING AT VETERANS' ADMINISTRATION HOSPITALS WITHIN THE STATE; VETERANS' ADMINISTRATION HOSPITAL LOCATED AT HOT SPRINGS

1. Answer. No complaints were heard against medical treatment or hospital care.

2. Answer. I have no knowledge of former complaints.

3. Answer. Superior. Only two denominational hospitals (both small), other than the Administration are located in this town of perhaps 4,000 population.

4. Answer. Both the manager and chief medical officer feel that they have complete authority to run and manage the hospital along lines which they believe more efficient.

5. Answer. Both the manager and chief medical officer stated that no undue restrictions or regulations which might hamper their management of the hospital were imposed.

6. Answer. Yes. The hospital has a full complement of medical officers, nurses, and attendants. They have experienced no difficulties in obtaining doctors or nurses.

7. Answer. The medical staff here is handicapped in respect to the participation in clinical meetings and medical lectures since there are no medical schools or large clinics located in this thinly populated territory.

8. Answer. I heard no complaints either on the food or its preparation. All patients with whom I talked were well satisfied.

9. Answer. No cases wherein the patients or patient have been abused were called to my attention.

10. Answer. There are recreation rooms on each ward where games may be played, or the patient may read and smoke. There is a pool and billiard room in the domiciliary, and spacious grounds where the patients who are able may walk.

11. Answer. I believe the canteen service to be quite satisfactory. In addition to the post store maintained at the facility, a cart loaded with supplies, smokes, and reading matters goes through the hospital wards each day.

12. Answer. The chief medical officer stated that the medical equipment and clinical arrangements are satisfactory; that whatever replacements considered to be necessary already have been ordered.

13. Answer. I am unable to answer this question fully from my own observation, but the chief medical officer informed me that each patient was judged on his individual case rather than on a set period of treatment for that particular class of disabilities.

14. Answer. I visited with each patient on the receiving ward and asked many other patients on treatment. In each case none of them felt they had been detained on the receiving ward for too long a period.

15. Answer. On my various visits to the hospital I have always found the wards exceptionally clean and the ground well kept. The grounds at Battle Mountain are considered one of the showplaces in Hot Springs.

16. Answer. Each patient with whom I visited seemed satisfied and spoke highly of the treatment received.

17. Answer. The city of Hot Springs has no train services other than for the hauling of freight, so is dependent upon the bus for passenger transportation. This service appears to be adequate under normal conditions. The Administration bus makes daily trips to the business section of the town and plunge for the benefit of such patients as are physically able to take advantage of these privileges. The Administration's official car is always on call to carry patients to and from the hospital.

18. Answer. There is a full-time Veterans' Administration contact service officer on duty at the facility at all times. Fall River, the county in which Hot Springs and the veterans' hospital are located, also has a full-time paid-service

officer. The veterans' organizations each have members appointed to serve as volunteer service officers without pay. I can see no fault with the set-up at Hot Springs.

19. Answer. A comparison can hardly be made, since only two small hospitals are situated in this locality. Each has only one operating surgeon and an assistant. The nursing staff of each is at the minimum. The veterans' hospital is completely staffed. Superior.

20. Answer. There is no overcrowding of the patients at this time.

21. Answer. My visits were mostly confined to the patients, but the few members of the personnel with whom I did talk seemed to be satisfied. Most of these workers are old-timers on their jobs and have established homes within the city of Hot Springs.

22. Answer. Am not competent to make such recommendations. I was informed by the manager and chief medical officer that the Veterans' Administration already has made a survey of the institution as to its maximum load and number of beds which would be required in the event of an extreme emergency.

23. Answer. I am informed about 3 percent. Most of these patients are from the TB section, and who feel they know how to treat themselves on the outside.

24. Answer. Am unable to give a satisfactory answer as to whether condition could be benefited by the addition of Wacs trained in hospital routine. The staff members with whom I discussed the subject felt the present set-up at the hospital offered a maximum of efficiency.

25. Answer. Am unable to answer this question from first-hand information. In replying to my questioning, the chief medical officer stated that very few of the patients leaving against medical advice really revealed the true reasons for leaving.

26. Answer. No patient with whom I talked seemed to feel that any information which they desired was being withheld.

27. Answer. I have no recommendations to make along this line.

Respectfully submitted.

JOSEPH H. CONLON,  
Senator, South Dakota.

#### QUESTIONS TO BE ANSWERED AS TO EACH VETERANS' HOSPITAL

(Kindly respond in same numerical order, and air mail the report to National Commander Scheiberling, Washington 6, D. C.)

Name of hospital: Veterans' Administration Facility No. 88.

Address: 1025 Lamar Avenue, Memphis, Tenn. (general medical and surgical, 565).

1. Question. Are there any general or specific complaints on the medical treatment and hospital care received by the patients? If so, please describe briefly.

Answer. Minor complaints have been received by American Legion hospital committee, were investigated, but found unwarranted. Legion office reports complaints on numerous bone cases.

2. Question. Has remedial action been taken by the Veterans' Administration in these cases or others which may have been previously reported?

Answer. ———.

3. Question. What is your opinion of the relative standards of treatment in the veterans' hospitals as compared to the State, county, and municipal institutions in the same area?

Answer. Equal.

4. Question. Do the manager, chief medical officer, and/or clinical director feel they have sufficient authority to run the hospital as efficiently as they might desire?

Answer. Yes.

5. Question. Do they feel that there are undue restrictions and regulations under which they must function? If so, kindly specify in what way.

Answer. No; according to hospital authorities.

6. Question. Do they feel they have sufficient authority and latitude to employ competent doctors, nurses, and attendants?

Answer. Yes; when they can find competent doctors, nurses, and attendants.

7. Question. Do they have encouragement and support in research, in participating in clinical meetings, symposiums, medical lecture courses, etc.?

Answer. Yes; as far as veterans' facilities go in for research.

8. Question. What definite complaints, if any, are there as to the quality, quantity, variety, and preparation of food in the veterans' hospitals?

Answer. No definite complaints on this subject.

9. Question. Have there been or are there any specific cases of alleged abuse or neglect of patients?

Answer. None have been brought to attention of hospital committee.

10. Question. Are the recreational facilities adequate?

Answer. Yes; according to hospital authorities.

11. Question. Is the canteen service satisfactory, and are the prices charged veterans reasonable? If not, please describe.

Answer. Not satisfactory at present and do need additional space for canteen. Operation of barber shop has improved considerably of late. Committee recommends additional barber. Operator of canteen not on duty as much as he should be. Patients complain cannot obtain money orders.

12. Question. Are the medical equipment and clinical arrangements satisfactory?

Answer. Yes.

13. Question. Are the periods of hospitalization proper? Too long? Too brief?

Answer. Difficult to determine as each disability must be considered. Needs are met as necessary; however, complaints made at Legion office are that periods of hospitalization are too long for amount of treatment given.

14. Question. Do patients feel they are required to remain in receiving wards too long before complete examination and treatment are started?

Answer. No specific complaints on this. Hospitalized and sent to treatment wards as quickly as conditions permit.

15. Question. How about cleanliness and neatness in the buildings and on the grounds?

Answer. Most satisfactory.

16. Question. Is it felt that the discipline and morale of the patients are satisfactory?

Answer. Yes.

17. Question. Are the transportation facilities to and from the hospital adequate?

Answer. Yes.

18. Question. Is the contact service considered satisfactory and adequate by the American Legion?

Answer. Adequate, but we believe that contact representative should work more closely with World War II patients, advising them of benefits they may be eligible for as approximately 50 percent of World War II men do not know how to go about filing pension claims or obtaining mustering-out pay if they did not receive it at time of discharge.

19. Question. How does the ratio of patients to full-time physicians and surgeons, nurses, and attendants in the veterans' hospital compare to that in State, county, and municipal institutions?

Answer. There is 1 physician to 43 patients; 1 nurse to 10 patients; 1 attendant to 10 patients.

20. Question. Are the patients too crowded? Is there sufficient floor space per patient?

Answer. There is 1 patient to 5½ feet floor space.

21. Question. How do you find the discipline and morale of the hospital personnel? What are their complaints, if any?

Answer. Have never heard of complaints from hospital personnel.

22. Question. What is your recommendation as to type and number of additional beds that may be required for the new load?

Answer. Would recommend construction to provide for approximately 250 additional beds.

23. Question. What percentage of the patients are leaving the hospital against medical advice? Why?

Answer. Hospital authorities report number relatively few and that those that do leave do so because of conditions at home.

24. Question. What percentage of patients without dependents leave the hospital against medical advice due to the reduction in pension while being hospitalized?

Answer. None according to hospital authorities.



25. Question. Could better personal care be furnished with staff aide program of WACs trained in hospital routine, thus relieving nurses for more important duties?

Answer. Yes; in a number of places according to hospital authorities.

26. Question. Are there any complaints on the part of the patients regarding the lack of information given them as to their physical condition and advice as to future treatment upon being discharged from the hospital?

Answer. No; according to hospital authorities, but numerous veterans have complained to the Legion office that they were not advised as to what their physical condition was.

27. Question. What general or specific recommendations would you offer as to the medical treatment and hospital care of veterans in Veterans' Administration facilities?

Answer. Considering cases passing through the Legion office, it is the consensus of opinion that a more complete diagnosis could be made in some cases. Particularly bone cases, in this territory. Some particular bone cases in this city have had to enter Campbell's Clinic at their own expense for proper treatment as they did not get it at the veterans' hospital; whether it was from improper diagnosis of the case or for some other reason, we cannot say. However, if certain operations or treatment will prevent a man from walking on crutches or cane, then he should be able to obtain the required treatment at a veterans' hospital and not be forced to obtain it otherwise at his own expense.

We also suggest that a quicker way be worked out whereby a man with a service-connected artificial arm or leg can obtain adjustment or replacement of said artificial equipment. Under present set-up, if a man with artificial limbs should need replacement it usually takes at least a month for approval to be obtained for said adjustment. In some cases this has caused the man to be laid up during that time. The hospital authorities can do nothing for the man unless regional office of the Veterans' Administration first approve it.

KARL POLLARD,

*Chairman, Hospital Committee, Memphis Post No. 1, American Legion.*

By PAUL D. ELKAN, M. D.,

*Member of Legion Hospital Committee.*

#### QUESTIONS TO BE ANSWERED AS TO EACH VETERANS' HOSPITAL

(Kindly respond in same numerical order, and airmail the report to National Commander Scheiberling, Washington 6, D. C.)

Name of hospital: Veterans' Administration facility.

Address: Mountain Home, Tenn., (general medical and surgical, 553 beds).

1. Question. Are there any general or specific complaints on the medical treatment and hospital care received by the patients? If so, please describe briefly.

Answer. No.

2. Question. Has remedial action been taken by the Veterans' Administration in these cases or others which may have been previously reported?

Answer. We find that wherever grants are made the manager and personnel of this hospital immediately take remedial action and very little complaint is received concerning this hospital, and quite a bit of the complaint received is not entirely justified.

3. Question. What is your opinion of the relative standards of treatment in the veterans' hospitals as compared to the State, county, and municipal institutions in the same area?

Answer. Standards of treatment in this hospital are higher than the State and county and municipal institutions.

4. Question. Do the manager, chief medical officer, and/or clinical director feel they have sufficient authority to run the hospital as efficiently as they might desire?

Answer. Yes.

5. Question. Do they feel that there are undue restrictions and regulations under which they must function? If so, kindly specify in what way.

Answer. No.

6. Question. Do they feel they have sufficient authority and latitude to employ competent doctors, nurses, and attendants?

Answer. Yes.

7. Question. Do they have encouragement and support in research, in participating in clinical meetings, symposiums, medical lecture courses, etc.?

Answer. Decidedly so.

8. Question. What definite complaints, if any, are there as to the quality, quantity, variety, and preparation of food in the veterans' hospitals?

Answer. No complaint.

9. Question. Have there been or are there any specific cases of alleged abuse or neglect of patients?

Answer. No.

10. Question. Are the recreational facilities adequate?

Answer. No. Are now in process of setting up position of recreational aide solely for hospital. A recreational auditorium and parlor have been recommended by the manager. Gray Ladies are doing good work. Also, the recreational committee is beginning to function and is procuring some entertainment. However, improvement can be made.

11. Question. Is the canteen service satisfactory, and are the prices charged veterans reasonable? If not, please describe.

Answer. Yes. Prices are not in excess.

12. Question. Are the medical equipment and clinical arrangements satisfactory?

Answer. Yes.

13. Question. Are the periods of hospitalization proper? Too long? Too brief?

Answer. No complaints.

14. Question. Do patients feel they are required to remain in receiving wards too long before complete examinations and treatment are started?

Answer. Very little.

15. Question. How about cleanliness and neatness in the buildings and on the grounds?

Answer. O. K.

16. Question. Is it felt that the discipline and morale of the patients are satisfactory?

Answer. Yes.

17. Question. Are the transportation facilities to and from the hospital adequate?

Answer. Yes.

18. Question. Is the contact service considered satisfactory and adequate by the American Legion.

Answer. No. Hasn't been satisfactory since R. L. Raulston was transferred to Thayer General Hospital. Entire hospital staff requests his return to this station.

19. Question. How does the ratio of patients to full-time physicians and surgeons, nurses, and attendants in the veterans' hospital compare to that in State, county, and municipal institutions?

Answer. Higher ratio than county and municipal and State institutions: Patients, 337; attendants, 92 (7 vacancies); physicians, 17; dentists, 3; nurses, 39 (15 vacancies) and cadets, 20—total 59.

20. Question. Are the patients too crowded? Is there sufficient floor space per patient?

Answer. Not too crowded.

21. Question. How do you find the discipline and morale of the hospital personnel? What are their complaints, if any?

Answer. O. K.

22. Question. What is your recommendation as to type and number of additional beds that may be required for the new load?

Answer. In the opinion of the Legion, this facility will require 600 additional general medical and surgical hospital and 400 additional nonduty domiciliary beds.

23. Question. What percentage of the patients are leaving the hospital against medical advice? Why?

Answer. Seventeen percent. Out of 3,731 discharges 420 were a. w. o. l. and 220 a. m. a. Some patients leave because of home conditions, and some admit that they just came in for a check-up, while others by their own admission sought and obtained hospitalization to hasten their examination for rating purposes. Many such cases were found to be in need of hospital treatment, but did not desire at the time to remain for such treatment.

24. Question. What percentage of patients without dependents leave the hospitals against medical advice due to the reduction in pension while being hospitalized?

Answer. Fifty percent.

25. Question. Could better personal care be furnished with staff-aide program of Wacs trained in hospital routine, thus relieving nurses for more important duties?

Answer. This problem is solved by the 20 cadet nurses on duty there.

26. Question. Are there any complaints on the part of the patients regarding the lack of information given them as to their physical condition and advice as to future treatment upon being discharged from the hospital?

Answer. No.

27. Question. What general or specific recommendations would you offer as to the medical treatment and hospital care of veterans in Veterans' Administration facilities?

Answer. Return to prewar level the personnel of Veterans' Administration.

GEORGE A. CALDWELL,

*Department Commander, Tennessee.*

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#### QUESTIONS TO BE ANSWERED AS TO EACH VETERANS' HOSPITAL

(Kindly respond in same numerical order, and airmail the report to National Commander Scheiberling, Washington 6, D. C.)

Name of hospital: Veterans' Administration facility.

Address: Murfreesboro, Tenn. (Neuropsychiatric, 1,007 beds.)

1. Question. Are there any general or specific complaints on the medical treatment and hospital care received by the patients? If so, please describe briefly.

Answer. Nothing more than minor complaints that are handled locally with the manager and chief medical officer.

2. Question. Has remedial action been taken by the Veterans' Administration in these cases or others which may have been previously reported?

Answer. Yes; in cases where indicated.

3. Question. What is your opinion of the relative standards of treatment in the veterans' hospitals as compared to the State, county, and municipal institutions in the same area?

Answer. Superior.

4. Question. Do the manager, chief medical officer, and/or clinical director feel they have sufficient authority to run the hospital as efficiently as they might desire?

Answer. Yes.

5. Question. Do they feel that there are undue restrictions and regulations under which they must function? If so, kindly specify in what way.

Answer. No.

6. Question. Do they feel they have sufficient authority and latitude to employ competent doctors, nurses, and attendants?

Answer. Yes.

7. Question. Do they have encouragement and support in research, in participating in clinical meetings, symposiums, medical lecture courses, etc.?

Answer. Yes.

8. Question. What definite complaints, if any, are there as to the quality, quantity, variety, and preparation of food in the veterans' hospitals?

Answer. No definite or serious complaints.

9. Question. Have there been or are there any specific cases of alleged abuse or neglect of patients?

Answer. Occasional complaint. We have personally investigated these cases of alleged abuses or neglect, and have been successful in having proper action taken to correct same where the complaint was justified.

10. Question. Are the recreational facilities adequate?

Answer. On account of construction now being done, facilities for outdoor activities are not fully adequate, but as a whole, recreational facilities for the present patient load are adequate. We recommend that expansion of these facilities be kept in pace with the increased patient load.



11. Question. Is the canteen service satisfactory, and are the prices charged veterans reasonable? If not, please describe.

Answer. Yes.

12. Question. Are the medical equipment and clinical arrangements satisfactory?

Answer. Ratio of patients to full-time physicians and nurses should be smaller or that they are relieved of administrative duties such as requisitioning canteen cards, clothing, etc.

13. Question. Are the periods of hospitalization proper? Too long? Too brief?

Answer. Periods of hospitalization appear to be proper.

14. Question. Do patients feel they are required to remain in receiving wards too long before complete examinations and treatment are started?

Answer. Due to turn-over at this time some patients perhaps remain too long on receiving wards, but treatment is instituted immediately upon admission where indicated.

15. Question. How about cleanliness and neatness in the buildings and on the grounds?

Answer. Generally speaking, these conditions are good.

16. Question. Is it felt that the discipline and morale of the patients are satisfactory?

Answer. Discipline and morale are good. It is expected in a hospital of this type that most of the patients are anxious to go home.

17. Question. Are the transportation facilities to and from the hospital adequate?

Answer. No.

18. Question. Is the contact service considered satisfactory and adequate by the American Legion?

Answer. Yes.

19. Question. How does the ratio of patients to full-time physicians and surgeons, nurses, and attendants in the veterans' hospital compare to that in State, county, and municipal institutions?

Answer. Compares very favorably.

20. Question. Are the patients too crowded? Is there sufficient floor space per patient?

Answer. There has recently been about a 20-percent increase which means that at the present time the hospital is operating above bed space capacity, but this should be relieved by new construction. As of May 12, 1945, there were 897 patients present, and the standard normal capacity is 785 beds—standard capacity and emergency beds—1,007.

21. Question. How do you find the discipline and morale of the hospital personnel? What are their complaints, if any?

Answer. Good.

22. Question. What is your recommendation as to type and number of additional beds that may be required for the new load?

Answer. The 500 beds now under construction would likely take care of present patient load from Tennessee. It is felt that beds for female patients should be considered for this hospital.

23. Question. What percentage of the patients are leaving the hospital against medical advice? Why?

Answer. Principally because they are not committed and when they demand release, about 22.1 percent of patients are discharged a. m. a. It appears that some World War II veterans come here with the idea that they have been promised by the Army that they will not have to remain for treatment: 51.4 percent are discharged m. h. b.; 8.8 discharged from trial visit or l. o. a.; 2.8 by elopement; 5.8 by transfer; and 8.8 by death.

24. Question. What percentage of patients without dependents leave the hospitals against medical advice due to the reduction in pension while being hospitalized?

Answer. The percentage of patients in this category is not definitely known but undoubtedly contributes to their action.

25. Question. Could better personal care be furnished with staff aide program of Waes trained in hospital routine, thus relieving nurses for more important duties?

Answer. If properly trained to do medical administrative work.

26. Question. Are there any complaints on the part of the patients regarding the lack of information given them as to their physical condition and advice as to future treatment upon being discharged from the hospital?

Answer. No.

27. Question. What general or specific recommendations would you offer as to the medical treatment and hospital care of veterans in Veterans' Administration facilities?

Answer. Would recommend that the Veterans' Administration offer more inducement to competent qualified medical personnel.

It might be stated here that we have complaints from pension beneficiaries who are ordered to report here for out-patient examination on the matter of inaccessibility.

Respectfully submitted.

G. W. STEAGALL,  
Department Adjutant.

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VETERANS OF FOREIGN WARS OF THE UNITED STATES,  
NATIONAL REHABILITATION SERVICE,  
Washington 5, D. C.

TENNESSEE (THREE HOSPITALS)

Memphis Facility: Five hundred and sixty-five general medical and surgical beds.

Complaints: None.

Recommendations: None.

Murfreesboro Facility: One thousand and seven neuropsychiatric beds.

(No report.)

Mountain Home Facility: One thousand seven hundred and eighty-one domicile and five hundred and fifty-three general medical and surgical beds.

(No report.)

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ANSWERS TO QUESTIONS

Answers to questions in numerical order as found by the investigating committee composed of the following: Fred Bauer, chairman; Walter Bumpus, and H. M. Miller.

Time: 2 p. m., Tuesday, May 8, 1945, Veterans' Facility No. 88, Memphis, Tenn.

1. Answer. None.

2. Answer. Answered by No. 1.

3. Answer. As good, if not considerably better.

4. Answer. Yes. They are satisfied with the now existing authority which they exercise.

5. Answer. They do not feel that they are operating under any undue restrictions and that existing regulations in no way hamper efficient operation of this institution.

6. Answer. The manager states that he has personal authority to employ staff doctors. Nurses and attendants are employed by authority of Washington. The complicating factor at present seems to be a critical shortage of doctors, nurses, and attendants available for employment. Local specialists are employed by the Memphis Hospital on an annual-fee basis and are available at all times for consultations and to render certain specialized treatments.

7. Answer. The medical staff at this institution has no authority for work in the research field, nor the time for such work. The staff does participate in clinical meetings, symposiums, and medical lectures.

8. Answer. Complaints as to food just do not exist. Many patients were questioned and all were high in their praise of both quantity and quality of the food served. The kitchen and dining room were examined by the committee during preparation of the evening meal and it was found that an excellent variety and quality of food is served to all patients and food is prepared under the supervision of competent and experienced dietitians. The cleanliness of both kitchen and dining rooms and the sanitary methods employed are to be commended.

9. Answer. None.

10. Answer. Main recreation consists of motion-picture shows. Recreational facilities could possibly be broadened.

11. Answer. Yes. Satisfactory service and prices are in line with or slightly lower than prices charged in local stores. No complaints from patients. Shortage exists in some items, due to present scarcity.

12. Answer. Yes; modern and efficient.

13. Answer. Periods of hospitalization average about 30 days. Some patients state that this period is necessary for proper treatment. Others think it too long. Complaints are mainly from those who want to get back to farming, to the wife and kids, or those who cannot afford to lose the money from being off from work.

14. Answer. No.

15. Answer. Buildings and grounds clean and neat.

16. Answer. Yes.

17. Answer. Yes.

18. Answer. Yes.

19. Answer. Satisfactory.

20. Answer. No. Floor space is adequate.

21. Answer. Excellent; no complaints from personnel.

22. Answer. Do not have sufficient knowledge or information for intelligent answer.

23. Answer. Very few. Those who do so can be bracketed with answers in No. 13.

24. Answer. It is the opinion of the hospital manager that such a program would be a material aid in laboratory and ward work.

25. Answer. No known cases at this hospital.

26. Answer. No. Full information is given as to conditions, and advice as to proper care when released, if case requires.

27. Answer. None to offer. We find that this hospital is operated on a highly efficient basis and care and treatment of veterans is highly satisfactory and on par with any local public or private institutions.

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DISABLED AMERICAN VETERANS,  
DISABLED AMERICAN VETERAN,  
DEPARTMENT OF TENNESSEE,  
Nashville, Tenn., May 2, 1945.

Mr. H. K. HODGSON,

*Disabled American Veterans, Department Commander,  
Murfreesboro, Tenn.*

DEAR MR. HODGSON: On April 18, 1945, I went to the Veterans' Hospital No. 88 and spent a few hours in investigating the hospital and questioning patients at this institution. The report of the following is my findings as per questionnaires from 1 to 27, inclusive, sent out from national headquarters, DAV. The answers to these questions will be numbered in answer to the question of similar number.

1. Answer. After questioning a few of the patients, both white and colored, I did not find any complaints.

2. Answer. As far as I know there has been no previous complaints registered against the hospital with the exception of the management of the canteen and barber shop, both of which are under contract with civilian management. My impression is that if the canteen space could be enlarged this would likely correct the complaint registered.

3. Answer. My opinion is that the standard treatment at the Veterans' Hospital No. 88 compares favorably with the county, city, and municipal institutions in this area.

4. Answer. The manager, chief medical officer, and clinical directors feel that they have sufficient authority to run the hospital as efficiently as they might desire, provided they can have sufficient medical and nursing personnel at all times.

5. Answer. They do not feel that the restrictions and regulations interfere with the proper function of the hospital.

6. Answer. They feel they have sufficient authority and latitude to employ competent doctors, nurses, and attendants.

7. Answer. They have encouragement and support in research, in participating in clinical meetings, lectures, and so forth.

8. Answer. I visited several wards while the patients were eating their lunch and saw what they had to eat and questioned them about their food, and all of them seemed very much pleased with the meals served them at the hospital. I ate lunch there myself and ate the same food that was prepared for the patients, and I was more than pleased with not only the variety of food but how well prepared it was. It is carried from the kitchen to the bed patients in heated



compartments of a conveyer which keeps the food warm until it reaches the patient.

9. Answer. I found no specific instances of alleged abuse or neglect of any patients.

10. Recreation facilities are adequate for white patients but are inadequate for colored patients.

11. Answer. The canteen is under management of a civilian, and possibly he is not as courteous and thoughtful of the patients as he should be at all times. Due to the lack of space the canteen is quite crowded with supplies, so I recommend enlargement of the canteen.

12. Answer. Medical equipment and clinical arrangements are satisfactory.

13. Answer. Periods of hospitalization, as a whole, are just about right.

14. Answer. I did not find any patients who complained of remaining in receiving wards too long before they had complete examination and treatments were started.

15. Answer. The buildings and grounds were satisfactory in cleanliness, etc.

16. Answer. The discipline and morale of patients is entirely satisfactory.

17. Answer. The transportation to and from the hospital is adequate.

18. Answer. As far as I have been able to learn the VFW is satisfied with the contact service.

19. Answer. The ratio of patients to full-time physicians, surgeons, nurses, and attendants is equal to county, city, and municipal institutions.

20. Answer. Under normal conditions this hospital was set for 440 beds. At the present time they are running in excess of this number, which in a few wards the patients do not have enough floor space.

21. Answer. I found no complaints about the discipline and morale of the hospital personnel.

22. Answer. I am in favor of the proposed two-story addition on the south wing of the hospital, which will increase the bed capacity and will permit moving colored patients' beds, some of which are now on sun porches. These sun porches should not have beds in them and will also provide recreation space for colored patients.

23. Answer. There is a small percent of patients who are leaving the hospital against medical advice. Practically all of such patients leave because of some business reason.

24. Answer. At this hospital it is easy enough to obtain the number of nurses necessary, so I do not believe that a better personal care could be furnished by having a staff of Wacs trained in hospital routine.

25. Answer. A very small percent of patients without dependents leave the hospital against medical advice, due to their reduction in pension while being hospitalized.

26. Answer. I find that the patients are satisfied with the information they are given pertaining to their physical condition, and on future treatment, on being discharged from the hospital.

27. Answer. Where veterans' hospitals are located in or near a city the size of Memphis they should have consultants who specialize in the different fields of medicine and surgery, and their services utilized possibly more than they have been in the past.

Respectfully submitted.

J. LOGAN MORGAN, M. D.

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DISABLED AMERICAN VETERANS,  
Murfreesboro, Tenn., April 30, 1945.

REPORT OF VETERANS' ADMINISTRATION HOSPITAL, MURFREESBORO, TENN., BY GEORGE  
M. DUNN, NATIONAL SERVICE OFFICER, DISABLED AMERICAN VETERANS

*Authority.*—Under date of March 21, 1945, National Commander Milton Cohn requested the Tennessee Department commander to appoint a committee to investigate the hospitals of this State and to make answer to a submitted list of questions (27 in number). The department commander, H. K. Hodgson, appointed the undersigned to investigate and report as to the above hospital, and the regional manager, Mr. Sam Jared, Jr., was so notified. The manager has notified the undersigned of his full cooperation and that of the acting chief medical officer.

In pursuance of the above authority the undersigned has conferred with the regional manager, the acting chief medical officer, most of the doctors at this

facility, some of the nurses and employees, and having already conferred with numerous patients who were confined here, begs to submit hereinafter the following report.

Preliminarily attention is called to the fact that questions 4, 5, and 6 submitted with Commander Cohn's letter addressed themselves to the regional manager, the chief medical officer, and clinical director. Accordingly the undersigned referred these questions for answer to the manager. The three questions submitted are as follows:

Question 4. Do the manager, chief medical officer, and/or clinical director feel they have sufficient authority to run the hospital as efficiently as they might desire?

Question 5. Do they feel that there are undue restrictions and regulations under which they must function? If so, kindly specify in what way.

Question 6. Do they feel they have sufficient authority and latitude to employ competent doctors, nurses, and attendants?

Under date of April 27, 1945, the manager, Mr. Sam Jared, Jr., replied as follows:

"Reference is made to your letter dated April 24, 1945, advising you have been designated to make an appraisal of the quality of services rendered patients at this hospital, wherein you list questions 4, 5, and 6 for the attention of the manager and acting chief medical officer.

"These questions have been carefully considered by Major Dodd, acting chief medical officer, and the undersigned, and our answer to questions 4 and 6 is "Yes," and our answer to question 5 is "No."

The remainder of the questions are set out and answered as follows:

Question 1. Are there any general or specific complaints on the medical treatment and hospital care received by the patients? If so, please describe briefly.

Answer. No specific complaints, nor any of a general nature. (Not enough doctors, but this is covered in answer to question 27.)

Question 2. Has remedial action been taken by the Veterans' Administration in these cases or others which may have been previously reported?

Answer. No remedial action has been taken to correct the nature of any general complaint as to Veterans' Administration hospitals generally, so far as the writer knows. As before stated, the writer has not found any general complaints exist as far as this hospital is concerned. Whatever complaint this writer has heard is directed to the insufficiency of the medical doctors, for reasons hereafter to be referred to, to give the time desired for treatment of the patients.

Question 3. What is your opinion of the relative standards of treatment in the veterans' hospitals as compared to the State, county, and municipal institutions in the same area?

Answer. The standards of treatment in this hospital is better than that received by patients in State, county, and municipal hospitals in this area.

Question 7. Do they have encouragement and support in research, in participating in clinical meetings, symposiums, medical lecture courses, etc.?

Answer. This question evidently includes the regional manager, who does not attend medical conferences. For the rank and file of the doctors who examine and treat patients, the question is answered in the negative. The doctors have no reading seminar and no pathological conferences. The medical center of the central office in Washington does not supply the doctors with sufficient regular up-to-date information on medical questions (a practice followed in the Army) and which the individual doctor does not have time to run down. There is also the question of the wide difference in views between psychiatrists; some of them wish to practice various forms of psychiatric treatment, including group psychotherapy, narcosynthesis, psychocatharsis, and more analytical psychiatric work based on more lengthy conferences with the patient and including modified forms of hypnotism (all such methods have proven to be of definite value with definite results, as recent Army reports indicate all are effective). There are not enough conferences among the psychiatrists to discuss all the various methods of treatment, and they do not have sufficient encouragement to show more initiative or to advance their individual ideas of treatment that is practicable in the milder neurotic states.

Question 8. What definite complaints, if any, are there as to the quality, quantity, variety, and preparation of food in the veterans' hospitals?

Answer. None.

Question 9. Have there been or are there any specific cases of alleged abuse or neglect of patients?



Answer. None that the writer has been able to verify.

Question 10. Are the recreational facilities adequate?

Answer. Yes. It would have been better had the swimming pool been made a little larger.

Question 11. Is the canteen service satisfactory, and are the prices charged veterans reasonable? If not, please describe.

Answer. Yes; probably 1 cent too high on cigarettes charged veterans.

Question 12. Are the medical equipment and clinical arrangements satisfactory?

Answer. As a whole, very satisfactory, but there is need of special eye-examining equipment for neuropsychiatric purposes only.

Question 13. Are the periods of hospitalization proper? Too long? Too brief?

Answer. This question presents difficulty since all depends on what the veteran is being hospitalized for. If the purpose of the hospitalization is to determine the veterans' disability for compensation, the period of hospitalization is neither too long nor too brief, considering the case load as compared to the doctors, and especially the other duties the doctors have to perform, which will be hereinafter mentioned. If the purpose of the hospitalization is to afford the best treatment possible for the veteran, it is in most cases entirely too brief, and at the same time is too long in that the veteran, except where confinement is indicated, should not have been hospitalized at all, especially in closed wards. (See particularly answer to question 27.)

Question 14. Do patients feel they are required to remain in receiving wards too long before complete examinations and treatment are started?

Answer. Some few do, and if the purpose of the hospitalization is simply to determine their right to compensation, and the amount thereof, their cases could be expedited if there were more doctors or the doctors on duty had more time from other duties to examine the patients. (See particularly answer to question 27.)

Question 15. How about cleanliness and neatness in the buildings and on the grounds?

Answer. This facility can be rated excellent for cleanliness and neatness of buildings and grounds.

Question 16. Is it felt that the discipline and moral of the patients are satisfactory?

Answer. Yes.

Question 17. Are the transportation facilities to and from the hospital adequate?

Answer. Transportation to and from the hospital for patients is adequate.

Question 18. Is the contact service considered satisfactory and adequate by the VFW?

Answer. Only recently has VFW had a service officer here. He advises the writer so far as he knows the contact service is satisfactory.

Question 19. How does the ratio of patients to full-time physicians and surgeons, nurses, and attendants in the veterans' hospital compare to that in State, county, and municipal institutions?

Answer. Very favorably in such a comparison.

Question 20. Are the patients too crowded? Is there sufficient floor space per patient?

Answer. The patients are too crowded; there is not sufficient floor space. This is due to the fact the hospital is overcrowded. Other buildings are now in process of construction to correct this.

Question 21. How do they find the discipline and morale of the hospital personnel? What are their complaints, if any?

Answer. Discipline and morale good. No complaints received.

Question 22. What is your recommendation as to type and number of additional beds that may be required for the new load?

Answer. The new buildings now in process of construction will meet the present needs. It is impossible to estimate the number of new cases as long as a period of hospitalization in a closed ward is required of every neuropsychiatric case regardless of the nature of the disability, and this depends on the purpose of hospitalization. If the purpose of hospitalization is for determination of compensation only, the present facilities, with those in process of construction, may not suffice. (See particularly answer to question 27.)

Question 23. What percentage of the patients are leaving the hospital against medical advice? Why?



Answer. 8.08 percent. The reason why they leave is so often not revealed by the veteran, this part of this question cannot be answered.

Question 24. Could better personal care be furnished with staff-aide program of Wacs trained in hospital routine, thus relieving nurses for more important duties?

Answer. Definitely, yes. (See particularly detailed answer to question 27.)

Question 25. What percentage of patients, without dependents, leave the hospitals against medical advice due to their reduction in pension while being hospitalized?

Answer. This investigator has been unable to determine the number of patients who were motivated by reduction in their compensation in leaving the hospital without leave.

Question 26. Are there any complaints on the part of the patients regarding the lack of information given them as to their physical condition and advice as to future treatment upon being discharged from the hospital?

Answer. Yes; this can be met by inaugurating the method of treatment recommended in answer to question 27.

Question 27. What general or specific recommendations would you offer as to the medical treatment and hospital care of veterans in Veterans' Administration facilities?

Answer. The undersigned makes the following three recommendations and begs to be allowed to set out beneath each recommendation the reason therefor:

1. That there be appointed a qualified medical administrative officer (not a medical doctor) who shall be assigned to work with the chief medical officer, but who shall be solely responsible to report to the regional manager, and whose duty it shall be to relieve the doctors of every responsibility and duty of an administrative nature or otherwise so they will be free to devote their full time to the examination and treatment of the patients. It should likewise be his duty to relieve the nurses of all administrative work, and all other details, to permit them to devote their full time to the nursing and care of the patients. I recommend such administrator and all assistants be selected without regard to any procrastinating civil-service regulation or procedure and that, if necessary to accomplish this, the Administrator of Veterans' Affairs recommend to the President the issuance of the necessary Executive order to remove the whole Veterans' Administration from the red tape of civil service.

This administrative officer should be allowed to have such assistants necessary to carry out this program. The chief medical officer should report to this officer the number of patients admitted and discharged, dates of admission and discharge, the nature of the treatment suggested, the time required for their examination and treatment, and the administrative medical officer should handle the finances, clothing needs, etc., of the patients, and all other details necessary to provide for their stay in the hospital, so that the doctors and nurses may devote their full time to the duty of examining, treating, and nursing the patients.

This officer should be selected for this administrative ability, and authority for regulations issued by him should be sought from the regional manager. All complaints received by the doctors or nurses from any patient as to any need or service he should receive or as to any matter other than his physical or mental needs should be communicated by them to the chief medical officer, who in turn should communicate with the chief medical administrative officer.

(The writer can furnish an abundance of detail to support the need of the recommendation. As an illustration, one doctor spent nearly half a day getting 40 cents released to a patient. Nearly all of them have spent as much time in getting a veteran a piece of clothing. The doctors even look after the lights in the hospital and have to report a burnt-out light bulb. Generally every report is long and detailed and if an error is made it has to be made over again. If a veteran breaks a screen, before it can be repaired the doctor has to O. K. it. In several instances the doctor made some mistake or made the report on the wrong blank and it came back—sometimes more than once. In one or two cases the doctors had to take off several hours to read the rules and regulations. When a veteran leaves the hospital, although it has been decided he is fully competent, his money is paid to him in installments, and the doctor has to approve the money being released. Just why the doctors should be called on to handle the veteran's finances, arrange for his clothing and food, is inexplicable. In any event, it is believed that all such matters should be handled by an administrative detail that should leave the doctor and nurse free to treat and care for the veteran when he is referred to the doctor.)

2. There should be employed a sufficient number of psychiatric social workers to be assigned to duty to handle much of the preliminary work previous to final medical examination and diagnoses. These workers can be either Wacs or enlisted men or civilians, both male and female. They should be specially selected and given additional training, if possible, and, above all, they should be paid adequate compensation. Preference should be given to persons who may intend to thereafter study medicine and to veterans. If necessary, the Veterans' Administration should provide vocational training for disabled veterans to become such assistants.

(Such assistants can immeasurably relieve the present shortage of psychiatrists in the Veterans' Administration hospitals. Such assistants can conduct all preliminary interview; prepare the necessary records; obtain the necessary family history and background, industrial background, date and place of birth, family status; and such trained assistants can by such preliminary interviews elicit much information as to some of the emotional conflicts that may be the principal cause of the veteran's handicap and prepare the case in such manner that the psychiatrist can more quickly determine the correct diagnosis and prescribe the proper course of treatment. It might be advisable that such assistants be attached to the staff of the administrative medical officer as recommended in No. 1 above, and that such officer shall assign such assistants to the chief medical officer to assist the doctors as shall best meet the needs of veterans being examined and treated. Such assistants can also be detached for field duty in the manner hereinafter specified for the doctors assigned for out-patient treatment.)

3. Doctors (and the assistants as recommended in No. 2 above) should be as much as possible assigned for out-patient-treatment cases, and for this purpose they should be ordered to visit the subregional offices, even the contact offices, and perhaps other cities in the State, for treatment of veterans nearer their own communities, and without their being compelled to leave their homes or employment and remain in closed wards in this or other facilities.

(The charge has been made that both the Veterans' Administration and veterans' organizations have been more interested in obtaining monetary benefits for the veterans than they have in bringing about their rehabilitation. The matter of allowing compensation is complicated also by the preference allowed for neuropsychiatric disabilities. No such preference exists as a matter of law so far as the veterans of World War II are concerned. Whatever preference exists was established by administrative ruling only. Whether this ruling should be limited to combat veterans only is a matter that should be considered. However, if the Veterans' Administration is going to meet the case load of neuropsychiatric patients, it is believed it must broaden its out-patient-treatment program. It is believed the best way to do this is simply assign the psychiatrists as they can be spared for a period of time, either days, weeks, or months, in a particular locality, and have the patients given such treatment as is best devised for them, and which will not necessitate their hospitalization nor their leaving their homes or work except for their daily or weekly conferences. In many cases this method of treatment can be expedited perhaps by also assigning to such places the assistant, as recommended in No. 2 above, who can also advance much of the preliminary work required by such out-patient treatment.)

(There is one matter that requires immediate attention. There are not enough attendants at this hospital. Request has been made for additional attendants and the situation would be remedied if this request is approved. Many of the patients should be taken outdoors more than they are and this can be done with additional attendants.)

The undersigned submits the above recommendations, after having discussed each and every one of them with all the psychiatrists at this facility. The great benefit to be obtained from out-patient treatment as covered in No. 3 above can be visualized when it is understood that the larger portion of veterans in need of neuropsychiatric treatment would be best cared for by more psychiatric advice and analyses than years of confinement, and also because the doctor treating him can best understand the man's situation in his own community, which should enable the veteran to make a better and speedier readjustment. It is a part of all psychiatric advice and treatment to consider and to prove, if possible, the patient's occupational activity, and this can be better understood and more satisfactorily decided by having such treatment conducted as close to the veteran's home and environment as possible.

All of which is respectfully submitted.

GEORGE M. DUNN,  
*National Service Officer, Disabled American Veterans.*



COMPOSITE REPORT OF INVESTIGATION OF UNITED STATES VETERANS' ADMINISTRATION  
HOSPITALS IN THE STATE OF TEXAS

1. Question. Are there any general or specific complaints on the medical treatment and hospital care received by the patients? If so, please describe briefly.

Answer. None.

2. Question. Has remedial action been taken by the Veterans' Administration in these cases or others which may have been previously reported?

Answer. None to be taken.

3. Question. What is your opinion of the relative standards of treatment in the veterans' hospitals as compared to the State, county, and municipal institutions in the same area?

Answer. There is no comparison. The standards of treatment in the veterans' hospitals of Texas are far above any other institutions comparable in Texas, either State, county, or municipal.

4. Question. Do the manager, chief medical officer, and/or clinical director feel they have sufficient authority to run the hospital as efficiently as they might desire?

Answer. Most managers answer this question in the affirmative. Any matters requiring central office approval are routinely approved upon the manager's request; however, it is believed that more authority could be extended to the manager and save time in obtaining appliances and other supplies required to operate a hospital.

5. Question. Do they feel that there are undue restrictions and regulations under which they must function? If so, kindly specify in what way.

Answer. There are restrictions and regulations which should be modified to expedite the proper handling of claimants.

6. Question. Do they feel they have sufficient authority and latitude to employ competent doctors, nurses, and attendants?

Answer. Managers have no authority to employ competent doctors. The employment of doctors is a function of the central office over which the hospital managers have no authority. The hiring of nurses at present, which is carried out by hospital managers, is working out satisfactorily. The plan of employment of attendants is functioning well at this time.

7. Question. Do they have encouragement and support in research, in participating in clinical meetings, symposiums, medical lecture courses, etc.?

Answer. Encouragement, yes, but no support, because no provisions are made for relief in the event one of their doctors were to attend any of the above functions. Opportunities should be made available in all hospitals for research, and sufficient personnel should be assigned to make this possible.

8. Question. What definite complaints, if any, are there as to the quality, quantity, variety, and preparation of food in the veterans' hospitals?

Answer. The quality, quantity, variety, and preparation of food are high, plentiful, and good. The existing impairment of food service at this time is due to shortage of personnel, rapid turn-over of personnel, and the necessity of employing inexperienced and physically handicapped mess attendants. Careful consideration should be given to the advisability and feasibility of inaugurating cafeteria-style service in all hospitals.

9. Question. Have there been or are there any specific cases of alleged abuse or neglect of patients?

Answer. None.

10. Question. Are the recreational facilities adequate?

Answer. No.

11. Question. Is the canteen service satisfactory, and are the prices charged veterans reasonable? If not, please describe.

Answer. The service is not satisfactory. Prices charged are in line comparable to their respective communities.

12. Question. Are the medical equipment and clinical arrangements satisfactory?

Answer. Yes; with minor exceptions.

13. Question. Are the periods of hospitalization proper? Too long? Too brief?

Answer. Proper, with some few exceptions.

14. Question. Do patients feel they are required to remain in receiving wards too long before complete examinations and treatment are started?

Answer. Yes, the average patient entering hospital expects to receive treatment immediately.



15. Question. How about cleanliness and neatness in the buildings and on the grounds?

Answer. Excellent.

16. Question. Is it felt that the discipline and morale of the patients are satisfactory?

Answer. The discipline of the patients is satisfactory, but the delay in granting waiver of premiums, the reduction in compensations, and the slowness in adjudicating of claims is affecting the morale of the patients.

17. Question. Are the transportation facilities to and from the hospital adequate?

Answer. Adequate, except at Amarillo.

18. Question. Is the contact service considered satisfactory and adequate by the American Legion?

Answer. Yes.

19. Question. How does the ratio of patients to full-time physicians and surgeons, nurses, and attendants in the veterans' hospital compare to that in State, county, and municipal institutions?

Answer. Superior.

20. Question. Are the patients too crowded? Is there sufficient floor space per patient?

Answer. (1) Yes. (2) No.

21. Question. How do you find the discipline and morale of the hospital personnel? What are their complaints, if any?

Answer. Discipline satisfactory. Morale high, but there is some dissatisfaction among employees because of inadequate salaries by comparison with other Government agencies doing same or similar work.

22. Question. What is your recommendation as to type and number of additional beds that may be required for the new load?

Answer. In addition to the construction authorized for 1946, there is an immediate need for a minimum of 1,500 general medical beds in Texas. There will be a need for 1,000 additional neuropsychiatric beds.

23. Question. What percentage of the patients are leaving the hospital against medical advice? Why?

Answer. Percentage not available, but many leave who are discharged into the Veterans' Administration hospitals from the armed forces. They have been advised by the armed forces that they will be granted a furlough upon arrival at the veterans' facilities. See answer to question 16 for other reasons.

24. Question. What percentage of the patients without dependents leave the hospitals against medical advice due to the reduction in pension while being hospitalized?

Answer. The exact percentage cannot be determined; however, it is apparent that a large number of patients leave the hospital against medical advice because of reduction in pension while being hospitalized.

25. Question. Could better personal care be furnished with staff aide program of Wacs trained in hospital routine, thus relieving nurses for more important duties?

Answer. Yes; as a temporary expedient only.

26. Question. Are there any complaints on the part of the patients regarding the lack of information given them as to their physical condition and advice as to future treatment upon being discharged from the hospital?

Answer. Yes.

27. Question. What general or specific recommendations would you offer as to the medical treatment and hospital care of veterans in Veterans' Administration facilities?

Answer. Recommendations:

(1) To offset the existing handicaps imposed by shortage of personnel and the employment of inexperienced personnel, it is recommended that authorization be granted to cover an increase of approximately 20 percent in the hospital staffs.

(2) That ward clerks be employed to perform clerical duties so that professional workers may devote more time to care of patients.

(3) That occupational therapy be installed at once to keep patients happily occupied.

(4) That collapsible wheel chairs be furnished for use of certain patients.

(5) That doctors and nurses be removed from civil-service status and that a medical corps be established on a parity with similar services in the Army, Navy, and United States Public Health Service.

(6) That the construction of recreational buildings and expansion of recreational program be expedited by every means possible.

(7) That the director of the medical and hospital service be elevated to the rank of Assistant Administrator, responsible directly to the Administrator of Veterans' Affairs.

(8) That additional medical officers be assigned to the staffs of the hospitals in sufficient numbers to handle the load of out-patient examinations, it being apparent that the burden imposed by the ever-increasing number of required examinations will in the immediate future result in substantial impairment in the routine in-patient activities.

(9) That opportunity be made available for scientific research in field stations.

(10) That special consideration be given to the operation of reception wards with a view to the development of standardized plans under which the necessary diagnostic studies may be completed in the most expeditious manner possible.

Respectfully submitted from the committee appointed by Henry Love, department commander, the American Legion, Department of Texas, this 28th day of April 1945.

HENRY TEUBEL, *Chairman.*

VERNE L. BLODGETT, *Cochairman.*

LESTER WOLFORD, *Member.*

G. WARD MOODY, *Member.*

SID A. LOWERY, *Member.*

#### RESOLUTION OF THE AMERICAN LEGION, DEPARTMENT OF TEXAS

Whereas a thorough investigation has been made by the several district commanders appointed by Henry Love, department commander, the American Legion, Department of Texas, to investigate the several United States Veterans' Administration hospitals in Texas to make their investigations and recommendations; and

Whereas these investigations and recommendations have been made in a most thorough and unbiased manner; and

Whereas the reports covering said investigations have been considered and approved by a special committee appointed by said department commander; and

Whereas these reports indicate that, with few minor exceptions, the Veterans' Administration facilities involved are being operated in a thoroughly satisfactory and efficient manner, due consideration having been given to handicaps related to manpower shortages and other wartime conditions: Be it therefore

*Resolved*, That we express our sincere appreciation to the several managers of the United States veterans' hospitals located in Texas for their excellent work under these trying conditions, for splendid cooperation in all matters of mutual interest with officials and representatives of the American Legion, especially the committees conducting investigation referred to in this report and for their promptness in taking corrective action in all matters relating to such irregularities as were called to their attention: Be it further

*Resolved*, That we express full approval and appreciation for the sympathetic consideration shown the patients in these hospitals and for the skill and efficiency of their medical staffs as reflected in the end results obtained: And be it further

*Resolved*, That this resolution be incorporated in the proceedings of the spring executive committee meeting, the American Legion, Department of Texas, now in session in Austin, Tex., this 29th day of April 1945; and that copies of this resolution be submitted to the several managers of the Veterans' Administration facilities in Texas; each of the respective Congressmen from the districts in which these veterans' facilities are located; to the Honorable Tom Connally, United States Senator from Texas; Hon. W. Lee O'Daniel, United States Senator from Texas; Gen. Frank T. Hines, Administrator of Veterans' Affairs in Washington; and the President of the United States.

HENRY TEUBEL, *Chairman.*

VERNE L. BLODGETT, *Cochairman.*

LESTER WOLFORD, *Member.*

G. WARD MOODY, *Member.*

SID A. LOWERY, *Member.*

VETERANS OF FOREIGN WARS OF THE UNITED STATES,  
NATIONAL REHABILITATION SERVICE,  
Washington 5, D. C.

## TEXAS (FIVE HOSPITALS)

Dallas Facility, Dallas: General hospital, 352 beds.

Legion Facility, Legion: Tuberculosis hospital, 400 beds.

Waco Facility, Waco: Neuropsychiatric hospital, 1,304 beds.

No complaints, no recommendations.

Amarillo Facility, Amarillo: General hospital, 156 beds.

No report.

Remarks: Better pay brackets recommended generally for Veterans' Administration staff and personnel.

## VETERANS' ADMINISTRATION FACILITIES AT WACO, LEGION, AND DALLAS, TEX.

(List of questions to be answered in numerical order as to each hospital and copies in triplicate furnished the commander in chief)

1. Question. Are there any general or specific complaints on the medical treatment and hospital care received by the patients? If so, please describe briefly.

Answer. No.

2. Question. Has remedial action been taken by the Veterans' Administration in these cases or others which may have been previously reported?

3. Question. What is your opinion of the relative standards of treatment in the veterans' hospitals as compared to the State, county, and municipal institutions in the same area?

Answer. Veterans' Administration hospitals are better.

4. Question. Do the manager, chief medical officer, and/or clinical director feel they have sufficient authority to run the hospital as efficiently as they might desire?

Answer. Yes.

5. Question. Do they feel that there are undue restrictions and regulations under which they must function? If so, kindly specify in what way.

Answer. No.

6. Question. Do they feel they have sufficient authority and latitude to employ competent doctors, nurses, and attendants?

Answer. Yes.

7. Question. Do they have encouragement and support in research, in participating in clinical meetings, symposiums, medical lecture courses, etc.?

Answer. Yes.

8. Question. What definite complaints, if any, are there as to quality, quantity, variety, and preparation of food in the veterans' hospitals?

Answer. None.

9. Question. Have there been or are there any specific cases of alleged abuse or neglect of patients?

Answer. No.

10. Question. Are the recreational facilities adequate?

Answer. Yes.

11. Question. Is the canteen service satisfactory, and are the prices charged veterans reasonable? If not, please describe.

Answer. Yes.

12. Question. Are the medical equipment and clinical arrangements satisfactory?

Answer. Yes.

13. Question. Are the periods of hospitalization proper? Too long? Too brief?

Answer. Yes.

14. Question. Do patients feel they are required to remain in receiving wards too long before complete examinations and treatment are started?

Answer. In some instances.

15. Question. How about cleanliness and neatness in the buildings and on the grounds?

Answer. O. K.

16. Question. Is it felt that the discipline and morale of the patients are satisfactory?

Answer. Yes.



17. Question. Are the transportation facilities to and from the hospital adequate?

Answer. Yes.

18. Question. Is the contact service considered satisfactory and adequate by the VFW?

Answer. Yes.

19. Question. How does the ratio of patients to full-time physicians and surgeons, nurses, and attendants in the veterans' hospital compare to that in State, county, and municipal institutions?

Answer. Favorable.

20. Question. (a) Are the patients too crowded? (b) Is there sufficient floor space per patient?

Answer. (a) No. (b) Yes.

21. Question. How do they find the discipline and morale of the hospital personnel? What are their complaints, if any?

Answer. None.

22. Question. What is your recommendation as to type and number of additional beds that may be required for the new load?

Answer. Cannot be estimated.

23. Question. What percentage of the patients are leaving the hospital against medical advice? Why?

Answer. Ten percent.

24. Question. Could better personal care be furnished with staff-aide program of Wacs trained in hospital routine, thus relieving nurses for more important duties?

Answer. No.

25. Question. What percentage of patients without dependents leave the hospital against medical advice due to the reduction in pension while being hospitalized?

Answer. Ten percent.

26. Question. Are there any complaints on the part of the patients regarding the lack of information given them as to their physical condition and advice as to future treatment upon being discharged from the hospital?

Answer. No.

27. Question. What general or specific recommendations would you offer as to the medical treatment and hospital care of veterans in Veterans' Administration facilities?

Answer. Better pay brackets to attract the best in medical and attendant personnel.

Dr. D. S. MEYERS,  
Department Commander.

APRIL 18, 1945.

Maj. D. M. PERKINS,  
State Commander, Disabled American Veterans,  
Wichita Falls, Tex.

DEAR COMMANDER PERKINS: Attached is our report on the findings and recommendations of this committee on conditions at the Lisbon Veterans' Hospital at Dallas, Tex., said report resulting from our inspection of the facilities during the month of April.

An examination of this report will show that, upon the whole, conditions at this hospital are generally satisfactory. However, we have made certain fundamental recommendations as they affect the operations of the Veterans' Administration and strongly urge that our recommendations be carried out, which will greatly enhance the efficiency of the Veterans' Administration program with the resultant better care and treatment of patients.

Respectfully submitted.

Buddies Chapter No. 11, Dallas, Tex.: Marion Lane, commander; P. D. Jackson, past national executive committeeman; Dr. V. L. Smith, past State commander; Charles Chris, senior vice commander; J. G. Palmer, chairman, membership committee.

Blue Bonnet Chapter No. 29, Fort Worth, Tex.: C. O. Dixon, commander; Warren D. Barton, Jr., vice commander; C. E. Toliver, adjutant and service officer; J. B. Derden, historian; Dury L. Helm, executive committeeman.

FINDINGS AND RECOMMENDATIONS OF DAV COMMITTEE RELATIVE INSPECTION OF  
LISBON VETERANS' HOSPITAL, DALLAS, TEX.

1. Answer. No.

2. Answer. Yes.

3. Answer. This is an asinine question, as there is no comparison between a veterans' hospital and a State, county, or municipal hospital, inasmuch as State, county, and municipal institutions are charitable organizations.

Patients in most State, county, and municipal hospitals are used for clinical and teaching purposes. All treatments of veterans must be in accordance and comply with the standards of the Army, Navy, and Public Health Service, and other nationally recognized medical organizations. Patients cannot be used for clinical or teaching purposes but, rather, are on the same basis as patients in any private paid institutions.

The relative standards of treatment in the veterans' hospitals are equal or superior to any private hospital.

4. Answer. As a committee, we feel that the manager, clinical, and medical officers do not have sufficient authority to operate efficiently as desired and for the good of hospitalized beneficiaries.

5. Answer. Although they do not admit they are restricted by regulations, this committee finds that there are undue restrictions.

6. Answer. Yes; but this committee believes that the best interest of the patient would oftentimes be served if the managers of the veterans' facilities could call in any of the recognized specialists, whether or not attached to the facility, as consultant when, in his opinion, their services or advice could best be used in assisting in any medical emergency.

7. Answer. The medical staff is encouraged in research, in participating in clinical meetings, but with the heavy duties required of the number assigned to this staff, it is with difficulty more than one can be relieved to attend medical lecture courses.

8. Answer. None.

9. Answer. None, except in those cases involving the human element.

10. Answer. Added recreational facilities should be provided at the earliest possible date, as the recreational facilities heretofore provided are at the present time being used to care for the treatment of patients due to the increased case load.

11. Answer. Yes; under present wartime conditions.

12. Answer. Yes.

13. Answer. No patient is discharged until he receives maximum benefits or has recovered as a result of treatment unless he goes against medical advice or leaves a. w. o. l.

14. Answer. Yes. This condition is brought about by the medical staff being required to participate in all examinations of out-patients for pension purposes. This phase of the work should be separated and the out-patients handled by a regional office.

15. Answer. Exceptionally good and the management is to be commended.

16. Answer. Discipline among patients is satisfactory.

17. Answer. Yes.

18. Answer. No. The contact division is not performing the services that we believe it should. The present contact personnel are not performing their duties satisfactorily in that they are lax in not giving complete service by visiting and making proper contacts in the wards.

19. Answer. It is the opinion of this committee that the question of ratios in veterans' hospitals to those in State, county, and municipal hospitals is not applicable since duties required and services rendered are not in the strict sense analogous.

20. Answer. Under present conditions, the patients are crowded; however, such conditions should be relieved under the new construction program.

21. Answer. We find discipline and morale good. However, it is the committee's opinion that the morale would be higher if the pay scale was increased commensurate with the salaries being paid on the outside for positions of like duties and responsibilities.

22. Answer. It is the opinion of the committee that the 500 additional beds under process of being constructed will cover the present needs; however, this program should be expedited at the earliest date possible, and additional plans drawn immediately to take care of the increased case load.

23. Answer. Less than 57/100 percent. Many servicemen, transferred from Army, Navy hospitals to veteran hospitals and discharged on day of arrival at the veteran hospital, immediately request leaves of absence to visit their homes and are not willing to wait until a complete physical examination can be completed to determine if their physical condition will permit leaves of absence.

24. Answer. No. All clerical positions should be filled by civilians.

25. Answer. The committee was unable to determine the answer to this question due to the fact we were unable to contact this type of patient.

26. Answer. No.

27. Answer. It is our recommendation that—

(a) Medical staff and nurses be relieved of clerical duties in order to facilitate examination, treatment, and hospital care of all patients.

(b) Immediate employment of sufficient clerical personnel to relieve the present medical staff of all clerical details.

(c) Additional doctors and other personnel be increased in proportion.

(d) All veteran administrative personnel be placed on a pay scale comparable with like duties and responsibilities in civilian life.

(e) As soon as practical, all medical staff carry civilian status instead of military.

(f) Hospital staff be retained solely for the purpose of diagnosis and treatment of patients in need of hospitalization.

(g) Recreational features be increased.

(h) With reference to question No. 11, disabled veterans be given preference in awarding of franchises to operate canteen services in veterans' facilities.

(i) With reference to question No. 23, disabled personnel of the armed forces be given a 30-day furlough prior to discharge and that the present practice of sending such personnel to the veterans' facilities for discharge be discontinued immediately.

(j) With reference to question No. 26, all veterans be given a complete copy of all diagnosis made in his case.

(k) No doctor be employed by the Veterans' Administration if he be foreign born and educated, until such time as he becomes a naturalized citizen: can speak, read, and write the English language intelligently, and has served a proper internship in an accredited American hospital.

(l) Medical staff at the various veteran facilities be relieved of administrative responsibilities in order that they may devote their entire time to the examination and treatment of patients.

(m) An individual be appointed as manager, who has been trained in administrative work.

(n) A regional office be established for the sole purpose of examinations for pension purposes, and out-patient treatment.

(o) A Medical Corps be set up within the Veterans' Administration comparable to the Army Medical Corps and the United States Public Health Service or even better, if possible. This will enable the Veterans' Administration to operate on a more permanent basis and as a result, secure more competent physicians for disabled veterans, who would then enjoy the same or equal privileges as the doctors with the Army and public-health services.

#### RESOLUTION

Whereas a nationally circulated magazine has charged that the Veterans' Administration is being mismanaged; that adequate care is not given; that attendants are not courteous, the quarters dirty, and linen soiled; that no entertainment is provided and etc.: Therefore, be it

*Resolved by Buddies Chapter, No. 11, Disabled American Veterans, Dallas, Tex.* That as one of the Veterans' Administration facilities is located here in Dallas and many of our members have been patients in the facility, and most members have on several occasions visited the hospital, and have found the services good, the doctors and nurses kind and attentive to their duties, and the attendants courteous and helpful.

While at times errors have been made, these were promptly investigated and the conditions remedied. We especially want to commend Dr. C. L. McGruder and his staff for their aid and assistance to us, as disabled veterans, also do most sincerely recommend our present administrator of Veterans' Administration, Gen. Frank T. Hines, who has looked after us and at all times given an attentive ear to our complaints and administered the law with an understanding heart; be it further



*Resolved*, That we ask our Senators and Congressmen to retain him as the Administrator of Veterans' Administration, and that copies of this resolution be sent to our Senators, Congressmen, General Hines, and Dr. C. L. McGruder and his staff; be it further

*Resolved*, That the observation as to the Lisbon Hospital is applicable to all of the veterans' facilities in Texas.

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VETERANS' FACILITY, WACO, TEX.

We, the undersigned committee of the Disabled American Veterans, have made a survey of the Veterans' Facility at Waco, Tex., and submit the following report: Answering some 27 questions, as submitted by our national commander.

1. Answer. Since this is a psychopathic hospital, we did not find any general or specific complaints as to the treatment of patients.

2. Answer. None.

3. Answer. As far as we could determine, the standards of treatments were the same as compared to those in other institutions.

4. Answer. The officials feel that they do not have sufficient authority to run as efficiently as they might, and we recommend decentralizing some of the routine from the central office.

5. Answer. They do feel that there are undue restrictions and regulations that could be remedied by eliminating so much routine.

6. Answer. They also feel that they are handicapped by the lack of latitude in hiring sufficient help; especially do we find this true among the lower brackets paid.

7. Answer. Yes.

8. Answer. We found the food to be good, and the preparation and serving was also good.

9. Answer. We found none.

10. Answer. Yes.

11. Answer. We found some complaints as to the type of food served by the canteen.

12. Answer. Yes.

13. Answer. Hard to determine, since this is a mental hospital.

14. Answer. No answer to this question, since it is a NP hospital.

15. Answer. We were surprised to find the neatness and cleanliness of buildings, since we did not notify the officials of our visit.

16. Answer. Yes.

17. Answer. No. Definitely not.

18. Answer. We believe that contact service could be improved upon.

19. Answer. We feel that the ratio is not in line as compared with municipal institutions, also State and county.

20. Answer. Yes; the patients are too crowded. The capacity as compared with the number of patients is evidence of this opinion.

21. Answer. We believe that the morale of the hospital personnel could be improved upon.

22. Answer. With five additional ward buildings being finished at the present time, we believe that this new space will take care of the present load.

23. Answer. None, practically.

24. Answer. We are not in position to answer this question.

25. Answer. None.

26. Answer. This question we are not able to answer, since this is a mental hospital.

27. Answer. Would recommend that Veterans' Administration keep posted on modern treatment and equipment. We also recommend the separation of regional office and hospital managers. We found in some instances where the ward doctors were being used to examine out-patients where they should have been busy on their assigned wards. We also recommend streamlining and speeding of the adjudication of claims. We recommend that mental patients not be used as runners in transferring important documents. Since Texas is by far the largest State in the Union, we recommend three regional offices in our State, and also the bringing back into the Texas jurisdiction some 14 counties in west Texas which are now being served by the regional office at Albuquerque, N. Mex. We recommend a permanent medical corps in the Veterans'

Administration, to provide ultimate higher paid bracket for medical personnel. It is thought that this will attract and keep more capable doctors. Also recommend permanent nurse corps, similar to the Army. We recommend a higher salary grade for hospital attendants, particularly in NP hospitals, where work is, among other things, sometimes hazardous. Doctor managers of hospitals are overburdened with paper work, and it is believed that it would make far greater efficiency to have a layman business manager to care for such details and have a medical head to supervise medical service. Hospital managers should not be graded on how economically they can operate hospitals, as this may in some instances impair efficiency of hospital because of a desire to make a showing economically. We recommend that all money allocated for veterans in Texas be spent in Texas. Examinations for rating purposes should not be made by hospital, but rather by examining units set up separate and apart from hospital.

FRED T. LEE,  
W. J. B. SMITH.  
JOHN M. BLACKFORD.

APRIL 2, 1945.

RESOLUTION, UNANIMOUSLY ADOPTED BY THE J. E. PIETZSCH CHAPTER, No. 26, DISABLED AMERICAN VETERANS, AMARILLO, TEX., COMMENDING THE PERSONNEL AND TREATMENT OF PATIENTS IN THE AMARILLO VETERANS' FACILITY

Whereas it has come to the attention of the membership of the J. E. Pietzsch Chapter, No. 26, Disabled American Veterans, Department of Texas, located at Amarillo, Tex., that a recent article in a national magazine has brought serious charges against the Veterans' Administration and especially the medical personnel; and

Whereas the Disabled American Veterans is an organization composed strictly of disabled veterans whose sole purpose is the welfare of the disabled veterans; and

Whereas the Disabled American Veterans should and do have first-hand information as to the treatment afforded disabled men, through their own personal experiences: Therefore be it

*Resolved by the entire membership of the J. E. Pietzsch Chapter, No. 26, of the Disabled American Veterans, Amarillo, Tex.,* That we hereby express our protest of such charges against the Veterans' Administration and the medical personnel as exemplified in the Amarillo Veterans' Facility located at Amarillo, Tex., and heartily commend the service rendered to the veterans in this facility; be it further

*Resolved,* That we extend to Brig. Gen. Frank T. Hines, Director of the Veterans' Administration, our faith and confidence in his ability to cope with any situation which might arise in the administration of the veterans' affairs, since we know him to be the kind of a Director who will not stand for any ill treatment toward our disabled American veterans; be it further

*Resolved,* That a copy of this resolution be made a part of the minutes of the J. E. Pietzsch Chapter, No. 26, Disabled American Veterans, Amarillo, Tex., and that additional copies be forwarded to Lt. Col. O. E. Herndon, manager of the Amarillo Veterans' Facility; to Brig. Gen. Frank T. Hines, Director of the Veterans' Administration; to Texas department headquarters, Disabled American Veterans; to national headquarters, Disabled American Veterans; to the press; and copies be made available to other patriotic and civic organizations upon request.

Respectfully submitted.

J. E. PIETZSCH CHAPTER, No. 26,  
DISABLED AMERICAN VETERANS,  
JAMES R. MOORE, *Commander*.  
GEN. W. ALSEROOKS,  
*Chairman, Resolution Committee.*

THE AMERICAN LEGION,  
DEPARTMENT OF UTAH,  
Salt Lake City, Utah, April 12, 1945.

MR. EDWARD N. SCHEIBERLING,  
National Commander, the American Legion,  
Indianapolis 6, Ind.

DEAR COMMANDER SCHEIBERLING: Your letter and the questionnaire on veterans' hospital were turned over to Dr. David B. Gottfredson, our department medical adviser, and myself, as department service officer.

We made trips to the veterans' hospital on different occasions, making observations and asking the patients many questions.

We are pleased to report on those questions and have answered same in order of number and attached to this letter.

Sincerely yours,

A. S. HORSLEY,  
Department Adjutant and Service Officer.

REPORT ON VETERAN HOSPITAL LOCATED AT SALT LAKE CITY, UTAH (GENERAL  
MEDICAL AND SURGICAL, 204 BEDS)

1. Answer. There were both general and specific complaints on medical treatment and hospital care received at this hospital. There were 158 patients in the hospital, with 6 doctors on duty. Complaints were that the staff was too slow in making the rounds. That they were not receiving immediate attention upon entering the hospital. That the same doctors were giving more attention to the out-patient examinations for rating purposes. Complaints that the doctor from the city, who is known as a part-time employee, was not coming regularly and giving treatment for kidney ailments. Many stated that it took too long to go through the red tape before given any help for the ailment for which they came to be treated. One room with bed patients stated that they had not had a visit by the doctor for 36 hours.

2. Answer. Some remedial action has been taken to correct some of the complaints.

3. Answer. It is our opinion that the relative standards of treatment in the veterans' hospital is on a par with the private hospitals where the patient pays for care and treatment. It is also our opinion that the relative standards of treatment at the veterans' hospital is above those at the city and county institutions in this area.

4. Answer. It is felt that these officers do not have sufficient authority to run the hospital as efficiently as they might desire.

5. Answer. They do feel that there are undue restrictions and regulations under which they must function. Limited in personnel and low salaries. Too much so-called red tape.

6. Answer. They feel that they do not have sufficient authority and latitude to employ competent doctors, nurses, and attendants.

7. Answer. Yes.

8. Answer. Many stated that the food was not as good as it was prior to the war. Some stated that they did not get enough, while some stated they got more than was wanted or could eat. They complained of too often cold and tough hot cakes for breakfast; eggs too old and tasted of sulfur; fish not well cooked and too stale and too tough; beans were not well cooked. There were less complaints about the noon meal than any.

9. Answer. One patient stated that improper medicine was placed in his ear to stop the earache and as a result the eardrum was perforated and he is having difficulty. One patient stated that he had a severe cold, sore throat, and in pain, and went to the doctor on his floor and asked for relief. He stated that the doctor said, "So have I," and went on and never did give him any help for that complaint. Another patient told us that he asked for a 2-hour pass to go downtown to take care of some important financial matters and that the doctor responded that he would see to it that the patient would be discharged immediately. The patient was in the hospital for treatment for diabetes mellitus and had only been there 1 week. Another patient stated that he had been there for 10 weeks and had not been given treatment for his stiff neck, sore lips, and bowel trouble. This patient gave a complaint on everything which was mentioned



no matter what the subject was. Another patient stated that he had been there for 2 months and had been lost as far as treatment was concerned.

10. Answer. Recreational facilities are not adequate because these rooms have been filled up with beds for patients. They need more room and more tables and things to amuse them or pass the time. Some patients wanted dances once in a while.

11. Answer. The canteen service is small but furnishing candy, nuts, cigarettes, shaving cream, and other small articles. It can be improved when more articles are available.

12. Answer. Medical equipment and clinical arrangements appear to be satisfactory.

13. Answer. Periods of hospitalization appear to be proper. Some patients complain as too slow in giving help or getting the results desired. However, many go out against medical advice.

14. Answer. Many patients complain that they are in the receiving ward too long before placing on medical or surgery wards. Many complain that they have been on the receiving ward for 2 weeks before treatment was started.

15. Answer. Cleanliness and neatness of building and grounds very good under present supply of employees.

16. Answer. The discipline and morale of most patients very satisfactory. Very few complained as to this and those who did complained about everything else.

17. Answer. A regular city bus goes to and from the hospital every 30 minutes during the daytime and up to 9 o'clock p. m. Taxi service is also good.

18. Answer. Contact service has improved during the past months. Two men and a stenographer on duty during regular hours and splendid service is being rendered.

19. Answer. The ratio of patients to full-time physicians and surgeons, nurses and attendants in veterans' hospital compared to others within the city seems to be high. More doctors and nurses and attendants would help considerably.

20. Answer. Patients are not too crowded and beds appear to be properly spaced in accordance to floor and air space.

21. Answer. The discipline and morale of the personnel appeared to be very good. The only complaint being given was to one of the GI orderlies. The complaint being that this orderly was noisy, foolish, played and did not properly do his work. In checking up on this complaint found that this orderly had been removed and assigned to work in the kitchen.

22. Answer. On the days visited the patient load was 158 with 60 on the waiting list. Emergencies were coming in on an average of 5 or 6 per day. With the number of new veterans asking for hospitalization we recommend an addition to accommodate 100 more patients. We need and we recommend building a NP hospital in Utah. There are 148 Utah men sent out of the State to NP institutions. We also recommend building of a TB hospital in Utah to take care of patients found with various types of TB. A goodly number of these cases are sent out of the State. Their dependents cannot visit patients sent out of the State and make many complaints.

23. Answer. About 1½ percent of the patients leave the veterans' hospital against medical advice. Many leave because of business reasons or employment. Very small number have no reason for going home against medical advice.

24. Answer. About one-half of 1 percent of the patients without dependents leave the hospital against medical advice due to the reduction in pension while being hospitalized.

25. Answer. At present time 8 voluntary nurses aides and a group of GI men assisting the nurses. Without this help our veterans' hospital would be below par. I am sure that Wacs trained in hospital routine would be a great help and relieve regular trained nurses for more important duties.

26. Answer. Many patients desire to know their actual physical condition and what to do upon their return home. Many complain about not being advised as to their physical condition and as to future treatment at home.

27. Answer. We recommend increasing the bed capacity. We recommend increasing personnel with better salaries. We recommend increasing nurses and their aides, and orderlies. We recommend that more attention be given to the selection and preparation of the food, especially the morning and evening meals. We recommend that the management be given more discretionary power in the management and in applying the regulations governing same.

VETERANS OF FOREIGN WARS OF THE UNITED STATES,  
NATIONAL REHABILITATION SERVICE,  
Washington 5, D. C.  
UTAH (ONE HOSPITAL)

Salt Lake City facility, Salt Lake City: General hospital, 204 beds.

Complaints: Overcrowding, undue delay in receiving ward; shortage of staff and personnel; lack of administrative authority; some complaint by ex-patients re lack of information at time of discharge from hospital.

Recommendations: Additional NP specialists; additional social-service case workers; new construction of 1,200 general medical and surgical beds; separate TB and NP hospitals.

VETERANS OF FOREIGN WARS OF THE UNITED STATES,  
DEPARTMENT OF UTAH,  
Salt Lake City 4, Utah, April 30, 1945.

Commander in Chief JEAN A. BRUNNER,  
*Veterans of Foreign Wars of the United States,*  
Washington 5, D. C.

Report of survey, Veterans' Administration hospital, Salt Lake City, Utah.

1. Answer. There was no complaints on medical treatment and hospital care, except the need of more nurses and attendants.

2. Answer. Yes; the manager is trying to get more help.

3. Answer. In my opinion, the standards are better.

4. Answer. Very definitely "No." The manager of a veterans' hospital is manager in name only; too many regulations; he has to have approval from central office for anything that he does.

5. Answer. Yes; they feel that there are undue restrictions and regulations. One of them is public relations. If the manager or chief medical officer wishes to entertain members of the medical society, commanders of Army posts, members of civic organizations, or anyone wishing to visit the hospital, they have to pay the bill out of their own pocket.

6. Answer. No; they do not. The manager cannot hire or discharge a doctor or nurse; these all come through central office and they have to take what they send them. The manager does have some say as to attendants.

7. Answer. No; they do not. The manager or doctors are never sent to clinical meetings or lectures. The manager should be sent to central office at least twice a year and the doctors should attend clinical meetings and lectures as often as is necessary.

8. Answer. The quality, quantity, and variety of food is very good.

9. Answer. None.

10. Answer. It is improving; we have a very efficient recreational director.

11. Answer. The canteen service is satisfactory and the prices are reasonable.

12. Answer. The medical equipment and clinical arrangements are satisfactory.

13. Answer. The periods of hospitalization at this hospital are proper.

14. Answer. Yes; in some cases the patients feel that they are required to remain in the receiving ward too long.

15. Answer. Excellent.

16. Answer. Yes; the discipline and morale of the patients is satisfactory.

17. Answer. Through the efforts of the veterans' council it has improved.

18. Answer. Yes.

19. Answer. The ratio at this hospital is about 1 doctor to 25 patients and most of the other hospitals it is 1 doctor to 50 patients. The other hospitals have more nurses and nurses' aids. Most all other hospitals have nurses' training classes, which they do not have at this hospital.

20. Answer. There is sufficient floor space if they do not go over their rated capacity.

21. Answer. The discipline and morale of the hospital personnel is very good, their only complaint is not enough help.

22. Answer. We would recommend an additional 1,200 beds for general medical, a psychiatric hospital, and a tuberculosis hospital. The psychiatric and tuberculosis hospitals are urgently needed at this time and would recommend that action be taken to procure them as soon as possible.

23. Answer. The percentage is so small that it is insignificant.

24. Answer. Yes; Wacs trained in hospital routine would help the over-worked nurses so that they could perform more important duties.

25. Answer. At this hospital the percentage is so small that it is insignificant.

26. Answer. There is some complaint doctors do not always tell the patients what their physical condition is and what they should do after they are discharged from the hospital.

27. Answer. We need additional psychiatric doctors and social-case workers. Respectfully submitted.

G. H. GOFFE,

*Department Commander, Department of Utah.*

DISABLED AMERICAN VETERANS,  
Salt Lake City, Utah, March 26, 1945.

VIVIAN D. CORBLY,  
*National Adjutant, Disabled American Veterans,  
Cincinnati, Ohio.*

DEAR COMRADE CORBLY: Last week I wrote you a letter enclosing a brief report I had made concerning the veterans' facility here. In answer to three specific cases that I cited, the Veterans' Administration have handed me the enclosed statement, which please attach to that report.

I received the bulletin from the national commander concerning the hospital and, inasmuch as I have already gone into this matter, I herein answer the various questions referred to.

1. Answer. Covered by my report of March 20.
2. Answer. Yes.
3. Answer. The treatment received by patients at this facility is of higher standard than at other hospitals here.
4. Answer. Restrictions there too stringent. Facility could be conducted more efficiently if manager given a freer hand.
5. Answer. They have to take doctors and nurses as sent by central office regardless of efficiency. Have no choice to hire their own.
6. Answer. Doctors and nurses, no; attendants, yes.
7. Answer. Limited in all these. It is a small hospital.
8. Answer. Very little.
9. Answer. Covered by my letter of March 20.
10. Answer. Covered by my letter of March 20.
11. Answer. Yes.
12. Answer. Yes.
13. Answer. Average turn-over approximately 100 percent every month.
14. Answer. Covered by my letter of March 20.
15. Answer. Exceptionally clean and neat. Nothing can compare with it anywhere here.
16. Answer. Yes.
17. Answer. One-half-hour service, fairly satisfactory.
18. Answer. Yes.
19. Answer. Cannot answer.
20. Answer. See my letter of March 20.
21. Answer. Morale of personnel very high.
22. Answer. This hospital has no facility for tuberculosis or neuropsychiatric cases. Should be equipped to handle such cases and should have at least another 1,100 beds to take care of anticipated load, of which 250 should be for tuberculosis and 450 for neuropsychiatric cases.
23. Answer. Very small, almost negligible.
24. Answer. Do not think so.
25. Answer. Once once in awhile.
26. Answer. Of course it is a general complaint that patients are not given information concerning their physical condition. I believe it is the definite policy of the Administration not to do this. Patients are given careful advice as to future treatment.
27. Answer. There should be adequate facilities furnished here to take care of some 120,000 veterans who will be discharged from this area.

Will you kindly attach this letter to mine of March 20, together with the report, and see that the commander gets it. I am also sending a copy of this letter to Comrade Rice. Enclosed also find a copy of instructions to all patients in the facility here.

With kindest personal regards, I am

Yours very truly,

(Enclosures.)

GAYLEN S. YOUNG,  
*National Service Officer.*



## VETERAN'S ADMINISTRATION, SALT LAKE CITY, UTAH, MEDICAL FORM 7

## INSTRUCTIONS TO ALL PATIENTS

(Auth.: SL September 10, 1942)

Your comfort, happiness, contentment, and restoration to health, as far as it is humanly possible, is the desire of the hospital staff. This can only be accomplished by your willing and kind cooperation. Patients obeying the instructions and the advice given will find that their stay here will be pleasant, but each patient must remember that consideration for the other fellow in this hospital will result in the more prompt recovery of the condition for which he is being treated.

1. *Receiving ward.*—This ward is for the purpose of establishing definite diagnosis before being transferred to a treatment ward for treatment. In order that you may receive your diagnosis and treatment may be started at earliest possible moment, you are requested to cooperate with the ward surgeon in this service.

(a) Shower bath and tub facilities are available on the receiving ward. Patients physically able are instructed to avail themselves of these before being examined.

(b) Each patient will receive a large bottle for a collection of a 24-hour specimen of urine on admission. Be sure that all urine passed is collected, as quantity is one of the diagnostic factors.

(c) Each patient, while on receiving ward, will remain in bathrobe and pajamas and stay on the ward unless instructed by the ward surgeon in charge to do otherwise.

2. *Passes.*—Do not ask for a pass until examinations are completed. Passes will not be granted except under exceptional circumstances and where the necessity is shown to exist.

3. *Alcohol, liquor, narcotics, drugs, medicine.*—Do not carry, possess, or use in any way, shape or form (unless prescribed by your ward surgeon). To do so is a serious violation of the United States Veterans' Administration Regulations, and will result in discharge from the hospital.

4. *Gambling.*—Do not gamble in any way, shape, or form for money or the equivalent and not use matches, chips, or similar counters when playing cards.

5. *Smoking.*—Bed patients only may smoke in bed. No one after lights are out.

6. *Bed check.*—All lights are to be out and patients in bed by 10 p. m.

7. *Money.*—Do not tip, borrow, accept from, or loan money to United States Veterans Administration employees.

8. *Cleanly and helpful.*—Help to keep your ward clean by depositing waste paper, matches, and other refuse in waste containers. Do not lie on bed with shoes or bed room slippers on. Make and keep your bed tidy unless excused by your doctor.

9. *Electricity.*—Do not meddle with the switches, buttons, head phones, sockets, lights, etc. If out of order make a report to the doctor or nurse and the electrician will adjust. If you tinker with the radio headphones you may not only deprive yourself, but other patients also, of the radio program.

10. *Change of address.*—If receiving compensation or pension execute Form No. 572 at the finance office to have checks sent to proper address.

11. *Valuables.*—Deposit your money with agent-cashier (room No. 216) and other valuables with the supply officer. The hospital assumes no responsibility for money or valuables kept on your person or possession. Funds deposited are not subject to withdrawal for about five days. Open withdrawals are limited to \$5 except at the time of discharge or pass. Anticipate and advise the finance officer (room No. 216) when desiring to make withdrawals.

12. *Baggage.*—All incoming packages, suitcases, or any other baggage, including the clothes of the patients, will be subjected to search by the officer of the day, the hospital guard, or the ward doctor, and the following articles will be removed therefrom: Firearms and all medicines not prescribed by the doctor of the hospital staff. Such articles will be turned into the admitting officer and a receipt will be obtained therefor from the property custodian. The clothing-room hours for withdrawal of personal effects is from 2:30 p. m. to 3:30 p. m. only. Arrange to get your clothes then.

13. *Visiting hours.*—Daily 2 to 4 p. m. and 7 to 9 p. m. Relatives of seriously and critically ill patients should contact chief medical officer, officer of the day, or

ward surgeon regarding visiting patients out of regular visiting hours, so that special permission may be granted.

14. *Visiting on wards.*—Because of the danger of carrying infections from one ward to another, all visiting on the wards by patients is restricted except for the visits approved by your ward surgeon.

15. Action that may be taken under United States Veterans' Bureau Disciplinary Regulations known as General Order No. 27-D series and service letter of August 29, 1936:

1. Restriction of passes.

2. (a) Leaving the hospital against medical advice; by own request, non-cooperation, or obstructing examination or observations, or treatments.

(b) Leaving the hospital without permission—a. w. o. l.

(c) For disciplinary reasons (misconduct), including discharges for willful damage, destruction, loss, sale, barter, etc., of Government clothing.

16. *Difficulties.*—The chief medical officer is available and will be glad to talk with you about any difficulties you may have while in the hospital.

17. You are requested to be gentlemanly and courteous to all with whom you come in contact.

Patients in bathrobes must not leave the reservation.

Sand boxes on the stairways are to be used only for reception of cigars and cigarettes and ashes and must not be used for cuspidors.

(If you do not understand anything pertaining to these instructions, ask your ward doctor.)

I have received a copy of the above instructions.

-----  
(Name)

-----  
(date)

#### SPECIAL NOTICE TO VETERANS ENTERING THIS FACILITY

Your comrades in this hospital who are able to do so have volunteered to assist in caring for each other and their comrades who are confined to bed or for other reasons cannot materially help themselves. This assistance consists of learning how to make their own bed, keeping them clean, as well as the area around their beds, and by doing such other things as they are able to do for themselves, without calling an orderly for assistance. By doing these things, trained personnel are able to devote more time to the care of the seriously and critically ill comrades who must have complete care.

The patients now in the hospital have volunteered to do these things to help, and we ask you to do the same.

This is necessary because the Army, Navy, and defense projects have depleted the ranks of labor available to us and it is now impossible to obtain sufficient numbers of employees to perform all those services heretofore rendered. To win this war all available and qualified workers must be released to these branches of service and projects.

By doing these things we now ask, you are making a definite contribution to the winning of this war for our country.

We know you want to help and will cheerfully do so. We want to thank you for your helpfulness.

#### *Important—read carefully*

While you are a patient in this hospital, there is the possibility that it will be necessary to black-out the facility for your protection. Should this become necessary, you will follow these instructions:

1. When the facility whistle sounds one long blast (about 60 seconds) return to your bed, if not already there. **STAY THERE!**

2. If you are out of bed and walking around, pull window shades down to shut out light from the outside.

3. Leave lights alone.

4. Follow instructions given you by the hospital staff.

5. **REMAIN CALM.** You are under our charge and we have assumed responsibility for your protection.

**NOTE:** The employees of the facility have prepared for all expected possibilities, and they are trained to carry out the orders for your protection.

Remain calm!

E. A. LITTLEFIELD, *Manager.*

## INSTRUCTIONS TO ALL PATIENTS ON DEPOSITING FUNDS FOR SAFEKEEPING

Your attention is called to paragraph 11 of "Instructions to all patients" which you signed upon admission to this facility, relative to depositing funds for safekeeping. The following are issued for your further information:

1. Funds deposited for safekeeping are not held in this office but are transmitted to Treasury Department, Salt Lake City, Utah, for bank deposit. For this reason they are not subject to withdrawal for at least 7 days, or until the transaction has been acknowledged by our central office in Washington, D. C. Therefore, it is essential that you retain sufficient cash to care for your needs during that period.
2. Cash withdrawals during hospitalization are necessarily limited to \$5 at one time as only a small disbursing fund is allotted to the agent cashier. If a larger amount is required a check must be drawn to cover the amount, which requires about 2 days to accomplish.
3. On discharge only a limited amount to cover the immediate cash needs of the patient may be paid unless an emergency exists. The balance of the funds will be released in the form of a Treasurer's check and mailed to you at a designated address.
4. When you desire to withdraw funds contact the ward nurse, who will complete the necessary form and forward same to the finance office for payment. Request for withdrawal at time of discharge should be presented, when possible, at least 24 hours prior to discharge.
5. At the time of your admission to this facility you may have made a designate to receive personal effects and cash on hand. Funds on deposit are not considered under this designation but are forwarded to Washington, D. C., and claim for same must be made by the legal next of kin, which procedure involves considerable time. It is suggested that any sum over the amount required by you during hospitalization be turned over to the designate, as the legal next of kin, at the time of your admission, where possible, so that the delay resulting from the above may be avoided.

I have received and read a copy of the above instructions.

-----  
(Signature of Patient)

(Date)

## QUESTIONS TO BE ANSWERED AS TO EACH VETERANS' HOSPITAL

(Kindly respond in same numerical order, and air mail the report to National Commander Scheiberling, Washington 6, D. C.)

Name of hospital: Veterans' Administration facility (general medical and surgical, 239 beds).

Address: White River Junction, Vt.

Question 1. Are there any general or specific complaints on the medical treatment and hospital care received by the patients? If so, please describe briefly.

Answer. No.

Question 2. Has remedial action been taken by the Veterans' Administration in these cases or others which may have been previously reported?

Answer. No.

Question 3. What is your opinion of the relative standards of treatment in the veterans' hospitals as compared to the State, county, and municipal institutions in the same area?

Answer. The standards are the same here as with other institutions in this area.

Question 4. Do the manager, chief medical officer, and/or clinical director feel they have sufficient authority to run the hospital as efficiently as they might desire?

Answer. I believe they do.

Question 5. Do they feel that there are undue restrictions and regulations under which they must function? If so, kindly specify in what way.

Answer. No.

Question 6. Do they feel they have sufficient authority and latitude to employ competent doctors, nurses, and attendants?

Answer. Yes.



Question 7. Do they have encouragement and support in research, in participating in clinical meetings, symposiums, medical lecture courses, etc.?

Answer. Yes.

8. Question. What definite complaints, if any, are there as to the quality, quantity, variety, and preparation of food in the veterans' hospitals?

Answer. Morale of patients is high. No complaints on the food or the serving of same, and I received only the highest praise in this connection.

9. Question. Have there been or are there any specific cases of alleged abuse or neglect of patients?

Answer. No.

10. Question. Are the recreational facilities adequate?

Answer. Yes, at the present time, but the amount of space for same is not good. I would recommend that they should have another building to provide the proper recreational hall for movies, shows, and a library.

11. Question. Is the canteen service satisfactory, and are the prices charged veterans reasonable? If not, please describe.

Answer. They have no canteen service at the hospital and I would recommend that one be put in and the charges be reasonable to the veterans.

12. Question. Are the medical equipment and clinical arrangements satisfactory?

Answer. Very satisfactory.

13. Question. Are the periods of hospitalization proper? Too long? Too brief?

Answer. Yes. Average stay of patients is usually 2 to 6 weeks, which I feel is adequate.

14. Question. Do patients feel they are required to remain in receiving wards too long before complete examinations and treatment are started?

Answer. The patients are examined and diagnosed and within 24 hours they are taken to the hospital, and patients do not feel that they remain too long in receiving wards.

15. Question. How about cleanliness and neatness in the buildings and on the grounds?

Answer. Very satisfactory.

16. Question. Is it felt that the discipline and morale of the patients are satisfactory?

Answer. Very good, and they have the highest praise for it.

17. Question. Are the transportation facilities to and from the hospital adequate?

Answer. I believe so; by bus and private cars.

18. Question. Is the contact service considered satisfactory and adequate by the American Legion?

Answer. The contact service is not considered satisfactory by the American Legion. At present time they have one at Burlington, Vt., and I believe they should have more contact officers throughout the State to better serve the veterans.

19. Question. How does the ratio of patients to full-time physicians and surgeons, nurses, and attendants in the veterans' hospital compare to that in State, county, and municipal institutions?

Answer. Compares favorably.

20. Are the patients too crowded? Is there sufficient floor space per patient?

Answer. Not too crowded at the present time and there is sufficient floor space per patient.

21. Question. How do you find the discipline and morale of the hospital personnel? What are their complaints, if any?

Answer. Very good and I found no complaints.

22. Question. What is your recommendation as to type and number of additional beds that may be required for the new load?

Answer. I do not believe that we will have enough beds to take care of the new load in Vermont. It is adequate at the present time to take care of the veterans now, but with the number of veterans in the State of Vermont, I would recommend that additional beds be provided in the near future to take care of the new load, the number to be determined on the requirements.

23. Question. What percentage of the patients are leaving the hospital against medical advice? Why?

Answer. Very small percentage. Cause of same is unknown. Very good record.

24. Question. What percentage of patients without dependents leave the hospitals against medical advice due to the reduction in pension while being hospitalized?

Answer. Very small percentage.

25. Question. Could better personal care be furnished with staff aide program of Wacs trained in hospital routine, thus relieving nurses for more important duties?

Answer. No.

26. Question. Are there any complaints on the part of the patients regarding the lack of information given them as to their physical condition and advice as to future treatment upon being discharged from the hospital?

Answer. No.

27. Question. What general or specific recommendations would you offer as to the medical treatment and hospital care of veterans in Veterans' Administration facilities?

Answer. 1. I recommend a medical supervisor from central office visit the hospital immediately to study the medical set-up of Army doctors under the present efficient civilian chief medical officer and determine the adequate and properly trained number of doctors necessary for this fine general medical hospital.

2. That the present kitchen and patients' dining room be enlarged, with more ventilation and light.

3. That an addition be made to the present nurses' quarters to provide housing for those that may desire it.

4. That another building be built to provide a proper recreation hall for movies and shows and a library. This building should also have space for occupational therapy programs. That this building be connected to the present hospital by a covered walk or tunnel. It is our opinion that this would provide the additional space for the regional office.

5. That a chief or contact be appointed within the near future.

6. That some consideration be given to opening more contact offices such as now exist at Burlington, Vt.

7. That additional beds be provided to take care of the extra load, that to be determined by the number of veterans that are in the service from Vermont at the present time, which numbers 40,000 men.

Dr. M. F. CERASOLI,

*Department Commander, State of Vermont.*

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VETERANS OF FOREIGN WARS OF THE UNITED STATES,  
NATIONAL REHABILITATION SERVICE,  
Washington 5, D. C.

VERMONT (ONE HOSPITAL)

White River Junction Facility: 239 general medical and surgical beds.

Complaints: Periods of hospitalization too long; period in receiving ward excessive.

Recommendations: Correction of above.

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LIST OF QUESTIONS TO BE ANSWERED IN NUMERICAL ORDER AS TO EACH HOSPITAL  
AND COPIES IN TRIPPLICATE FURNISHED THE COMMANDER IN CHIEF

1. Question. Are there any general or specific complaints on the medical treatment and hospital care received by the patients? If so, please describe briefly.

Answer. None.

2. Question. Has remedial action been taken by the Veterans' Administration in these cases or others which may have been previously reported?

Answer. As far as I can find out, action has been taken.

3. Question. What is your opinion of the relative standards of treatment in the veterans' hospitals as compared to the State, county, and municipal institutions in the same area?

Answer. As good as any State, county, and municipal institutions, if not better.

4. Question. Do the manager, chief medical officer, and/or clinical director feel they have sufficient authority to run the hospital as efficiently as they might desire?

Answer. Yes.

5. Question. Do they feel that there are undue restrictions and regulations under which they must function? If so, kindly specify in what way.

Answer. No.

6. Question. Do they feel they have sufficient authority and latitude to employ competent doctors, nurses, and attendants?

Answer. Yes.

7. Question. Do they have encouragement and support in research, in participating in clinical meetings, symposiums, medical lecture courses, etc.?

Answer. Yes.

8. Question. What definite complaints, if any, are there as to the quality, quantity, variety, and preparation of food in the veterans' hospitals?

Answer. None. All patients are satisfied.

9. Question. Have there been or are there any specific cases of alleged abuse or neglect of patients?

Answer. No.

10. Question. Are the recreational facilities adequate?

Answer. Yes.

11. Question. Is the canteen service satisfactory, and are the prices charged veterans reasonable? If not, please describe.

Answer. Yes; prices are reasonable.

12. Question. Are the medical equipment and clinical arrangements satisfactory?

Answer. Yes.

13. Question. Are the periods of hospitalization proper? Too long? Too brief?

Answer. Too long.

14. Question. Do patients feel they are required to remain in receiving wards too long before complete examinations and treatment are started?

Answer. Yes.

15. Question. How about cleanliness and neatness in the buildings and on the grounds?

Answer. Excellent.

16. Question. Is it felt that the discipline and morale of the patients are satisfactory?

Answer. Yes.

17. Question. Are the transportation facilities to and from the hospital adequate?

Answer. Yes.

18. Question. Is the contact service considered satisfactory and adequate by the VFW?

Answer. Yes.

19. Question. How does the ratio of patients to full-time physicians and surgeons, nurses, and attendants in the veterans' hospital compare to that in State, county, and municipal institutions?

Answer. About the same.

20. Question. Are the patients too crowded? Is there sufficient floor space per patient?

Answer. At present they are not too crowded. Space is O. K., but I am of the opinion that hospital is too small for two States, if patients were all admitted.

21. Question. How do they find the discipline and morale of the hospital personnel? What are their complaints, if any?

Answer. None.

22. Question. What is your recommendation as to type and number of additional beds that may be required for the new load?

Answer. I would recommend that the State of Vermont be furnished a hospital.

23. Question. What percentage of the patients are leaving the hospital against medical advice? Why?

Answer. Very few. The ones who left against medical advice left because they did not care to be operated on.

24. Question. Could better personal care be furnished with staff-aide program of Wacs trained in hospital routine, thus relieving nurses for more important duties?

Answer. The Red Cross at White River Junction has given the Veterans' Administration a very good hand. Every day a detail from the city comes to the hospital and helps from 8 a. m. to 4 p. m.

25. Question. What percentage of patients without dependents leave the hospitals against medical advice due to the reduction in pension while being hospitalized?

Answer. Don't know of any.



26. Question. Are there any complaints on the part of the patients regarding the lack of information given them as to their physical condition and advice as to future treatment upon being discharged from the hospital?

Answer. No.

27. Question. What general or specific recommendations would you offer as to the medical treatment and hospital care of veterans in Veterans' Administration facilities?

Answer. None. But I recommend that the State of Vermont and the State of New Hampshire be furnished a hospital—one for each State.

JEROME RACINE, *Department Commander*,  
HILTON SARGENT, *Department Adjutant*.

THE AMERICAN LEGION,  
DEPARTMENT OF VIRGINIA,  
May 28, 1945.

(General medical and surgical beds, 538)

MR. ELWARD N. SCHEIBERLING,  
*National Commander, the American Legion,*  
*Washington 6, D. C.*

DEAR ED: With further reference to your request for my report on Kecoughtan, Va., Veterans' Administration hospital, I am pleased to advise you as follows:

A committee composed of six post commanders, the first district commander, the department adjutant, the national executive committeeman, and the department commander paid a visit to the veterans' facility at Kecoughtan, Va., and made an inspection from 2 to 5 o'clock, Saturday afternoon, May 26, 1945. I am not entirely convinced that an inspection of this kind can be of much value to any organization investigating the Veterans' Administration; however, I am pleased to submit the following report and trust it will be of some value to you.

The committee was shown from the top floor to the basement of the main hospital building, the administration building, two of the domiciliary barracks, the Protestant and Catholic chapels, the fire department, the detention building, and other buildings. We were taken into clinics, wards, private rooms, washrooms, kitchens, dining halls, etc. We were taken through the dental surgery, the operating rooms, where every modern device for different types of treatment were shown us. As far as I could tell everything was made available for our inspection.

We talked to the personnel of the institution from the manager down to the cleaners, including doctors, nurses, dieticians, supervisors, cooks, floor sweepers, etc.

We found everything spotless throughout the entire institution. We feel sure the ones in charge are capable and seem to have adequate assistance and good employees. In our inspection of the kitchens we went through three in which the evening meal was being prepared and were shown through several stockrooms, cold-storage rooms, etc. The food which we saw in storage and in preparation was far superior in quality and quantity to what we are getting at home. The writer sampled several items of food and in every instance found it well prepared.

I talked to at least 100 patients, some in groups, some 2 or 3 at a time and several patients alone. They were all high in their praise of the veterans' facility and Colonel Ryan and his staff. Discipline and morale of the patients appeared good as most of the patients seemed to be in excellent spirits.

I was especially impressed with the cleanliness and up-to-date equipment all over the entire facility and most especially in the kitchens. In spite of the fact that some of the buildings are more than 50 years old, they are well kept and are given good attention.

There was not a single inmate in the detention home; however, we were informed that occasionally it was necessary to confine some of the inmates, usually for drunkenness. In case of detention each man is given a nice clean bed, exactly equal to what he has in any other part of the facility. He is not locked up in solitary confinement unless he has reached the point where he has become dangerous to himself or to other inmates.

In talking to the commanders who live in the vicinity and to different members of the staff I was informed that this facility has made wonderful progress under

the present management. I cannot see how any just criticism could be made of this facility.

I gathered from different remarks made that in the opinion of some it would be better to give the manager, chief medical officer and/or clinical director more authority and that there are many restrictions or regulations under which they must function, some of which it seems could be removed. Under the present system and lack of authority it is not possible to always have competent doctors, nurses, attendants, and other personnel, especially in this highly geared war area. The assistant manager asked us who were from other sections of the State to assist in securing personnel for this facility.

We did not find a single specific complaint on the treatment by the patients and we believe the standards of treatment in this facility are superior to the State, county, and municipal institutions in the same area. There was no evidence of patients being too crowded. In fact, it seems that this facility could handle quite a number of additional patients, especially in the domiciliary section.

Summing up my personal feelings with reference to this visit, I am of the opinion that this facility is rendering wonderful service. I saw a friend from my home town who is a patient there and he highly praised the facility for what it had done for him and was doing for others.

I believe that his appraisal is general among the patients.

I am glad to submit this report to you and trust it will be of some value. If I secure additional information on this facility or any of the other facilities which are serving the veterans of Virginia I shall be glad to send it to you in a supplementary report.

Sincerely yours,

G. K. LINKOUS, *Department Commander.*

COMMONWEALTH OF VIRGINIA,  
DEPARTMENT OF LAW,  
Roanoke, Va., April 27, 1945.

Commander EDWARD SCHEIBERLING,  
*Washington, D. C.*

DEAR COMMANDER: At the request of our department commander, G. W. Linkous, I am enclosing a letter of questions and answers and you will note that the answers are made very brief and made after a conference with the manager and chief medical officer.

Sincerely,

NELSON F. RICHARDS,  
*Department Service Officer.*

#### QUESTIONS TO BE ANSWERED AS TO EACH VETERANS' HOSPITAL

Name of hospital: Veterans' Administration hospital.

Address: Roanoke, Va. (NP, 1,662 beds.)

1. Question. Are there any general or specific complaints on the medical treatment and hospital care received by the patients? If so, please describe briefly.

Answer. The hospital at the Roanoke facility is a neuropsychiatric institution and many of the patients receiving institutional care here made various and sundry complaints from time to time.

2. Question. Has remedial action been taken by the Veterans' Administration in these cases or others which may have been previously reported?

Answer. Complaints are generally found groundless but nevertheless they are all investigated and when necessary remedial measures are placed in effect.

3. Question. That is your opinion of the relative standards of treatment in the veterans' hospitals as compared to the State, county, and municipal institutions in the same area?

Answer. My opinion is that the standards are higher than in other institutions.

4. Question. Do the manager, chief medical officer and/or clinical director feel they have sufficient authority to run the hospital as efficiently as they might desire?

Answer. The manager and the chief medical officer feel they should have more latitude in some phases of the work, particularly in having a voice in the selection—both number and qualifications—of personnel.

5. Question. Do they feel that there are undue restrictions and regulations under which they must function? If so, kindly specify in what way.

Answer. Yes. As a rule there are many regulations covering the insignificant things which might well be done on the station, under the authority of the manager. A very definite drawback is the lack of proper indexing of regulations.

6. Question. Do they feel they have sufficient authority and latitude to employ competent doctors, nurses, and attendants?

Answer. The manager does not have the authority to employ either doctors or nurses, but does have authority to employ attendants when they are available. The pay that is available for attendants is not sufficient, thus very definitely handicapping the manager in securing and holding the type of attendants he should have in an institution of this kind.

7. Question. Do they have encouragement and support in research, in participating in clinical meetings, symposiums, medical lecture courses, etc.?

Answer. On a limited plan.

8. Question. What definite complaints, if any, are there as to the quality, quantity, variety and preparation of food in the veterans' hospitals?

Answer. The preparation and serving of food on an attractive and appetizing menu is on the highest order at this station.

9. Question. Have there been or are there any specific cases of alleged abuse or neglect of patients?

Answer. There have been alleged cases of abuse and with some actual cases of abuse. In each instance the reported cases of abuse are thoroughly investigated by special boards and proper and corrective measures taken. In some cases the guilty persons have been discharged from the service and some reported to civil authorities.

10. Question. Are the recreational facilities adequate?

Answer. World War I veterans are limited, due to their age, to strenuous recreational activities, however, the recreational program should be expanded to meet the needs of the younger group of World War II veterans.

11. Question. Is the canteen service satisfactory, and are the prices charged veterans reasonable? If not, please describe.

Answer. Yes, insofar as it is possible to procure the merchandise sold at a canteen, and the prices are reasonable and, in some instances, lower than can be purchased elsewhere. The present canteen space is sufficiently large probably to adequately accommodate the patient customers but inadequate to take care of patients plus employees.

12. Question. Are the medical equipment and clinical arrangements satisfactory?

Answer. Yes; quite satisfactory.

13. Question. Are the periods of hospitalization proper? Too long? Too brief?

Answer. The periods of hospitalization for neuropsychiatric cases varies with the different types but in no instance is the man held after reaching maximum hospital benefit. In some instances, when a veteran leaves against medical advice it is believed, naturally, that the period of hospitalization was too short.

14. Question. Do patients feel they are required to remain in receiving wards too long before complete examinations and treatment are started?

Answer. All the mental patients feel that they are being kept on receiving or any other ward too long and at this facility an endeavor is made not to keep a man on a receiving ward longer than is necessary to determine the extent of disability and particular place that he should be referred to receive proper treatment. The hospital is not adequately staffed at this time and it is for that reason obviously that men might be kept on the receiving ward a few days longer than they should be kept.

15. Question. How about cleanliness and neatness in the buildings and on the grounds?

Answer. As far as the grounds are concerned, I would say excellent. Generally speaking, the wards and all the buildings are kept clean; however, there are times when lavatories are not kept absolutely clean and this is probably due to lack of help.

16. Question. Is it felt that the discipline and morale of the patients are satisfactory?

Answer. Yes.

17. Question. Are the transportation facilities to and from the hospital adequate?

Answer. Yes.



18. Question. Is the contact services considered satisfactory and adequate by the American Legion?

Answer. Yes.

19. Question. How does the ratio of patients to full-time physicians and surgeons, nurses, and attendants in the veterans' hospital compare to that in State, county, and municipal institutions?

Answer. The Veterans' Administration service is of a considerably higher ratio.

20. Question. Are the patients too crowded? Is there sufficient floor space per patient?

Answer. Comfortably housed, but a few more beds than the normal number on a ward have been added, as an emergency expedient.

21. —

22. Question. What is your recommendation as to type and number of additional beds that may be required for the new load?

Answer. There are now under construction four new buildings, which will have a bed capacity of 656. Perhaps plans should be made now to separate the World War II from the older patients in all of the Veterans' Administration mental institutions.

23. Question. What percentage of the patients are leaving the hospital against medical advice? Why?

Answer. I would say considerably less than 1 percent and, generally, because members of the family influence the departure from the institution and because the veteran has not been regularly committed it is not possible to hold him.

24. Question. What percentage of patients without dependents leave the hospitals against medical advice due to the reduction in pension while being hospitalized?

Answer. Negligible.

25. Question. Could better personal care be furnished with staff-aide program of Wacs trained in hospital routine, thus relieving nurses for more important duties?

Answer. Yes.

26. Question. Are there any complaints on the part of the patients regarding the lack of information given them as to their physical condition and advice as to future treatment upon being discharged from the hospital?

Answer. Occasionally, the necessity of not imparting full information to a neuropsychiatric patient is obvious.

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VETERANS OF FOREIGN WARS OF THE UNITED STATES,  
NATIONAL REHABILITATION SERVICE.  
*Washington 5, D. C.*

VIRGINIA (Two Hospitals)

Roanoke Facility, Roanoke: Neuropsychiatric hospital, 1,662 beds; 656 additional under construction.

No complaints, no recommendations.

Kecoughtan Facility, Kecoughtan: Domiciliary, 910 beds; general hospital, 538 beds.

Complaints: Recreational facilities inadequate; canteen is inadequate; bed space inadequate; some beds poorly located. (NOTE.—New construction has been authorized.)

Two hundred additional bed construction recommended.

Remarks: These hospitals are very highly praised.

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REPORT OF INVESTIGATION OF VETERANS' HOSPITAL LOCATED AT KECOUGHTAN, VA.,  
ON APRIL 25 AND 26, 1945

1. Question. Are there any general or specific complaints on the medical treatment and hospital care received by the patients? If so, please describe briefly.

Answer. Conferred with a number of patients. No general or specific complaints.

2. Question. Has remedial action been taken by the Veterans' Administration in these cases or others which may have been previously reported?

Answer. Yes.

3. Question. What is your opinion of the relative standards of treatment in the veterans' hospitals as compared to the State, county, and municipal institutions in the same area?

Answer. Standards are as high or higher than other hospitals.

4. Question. Do the manager, chief medical officer, and/or clinical director feel they have sufficient authority to run the hospital as efficiently as they might desire?

Answer. Yes.

5. Question. Do they feel that there are undue restrictions and regulations under which they must function? If so, kindly specify in what way.

Answer. No.

6. Question. Do they feel they have sufficient authority and latitude to employ competent doctors, nurses, and attendants?

Answer. Yes.

7. Question. Do they have encouragement and support in research, in participating in clinical meetings, symposiums, medical lecture courses, etc.?

Answer. Yes. Staff meetings are held twice each week. Recently the Peninsula Medical Association met at the hospital, which provided lectures and examples in the application of medicine and surgery.

8. Question. What definite complaints, if any, are there as to the quality, quantity, variety, and preparation of food in the veterans' hospitals?

Answer. None. Food is well prepared and in sufficient quantity. Classes are conducted in the hospital each year to train employees in the preparation and serving of food. I observed one of these classes in session, and the course appeared to be most interesting.

9. Question. Have there been or are there any specific cases of alleged abuse or neglect of patients?

Answer. No. Patients told me of becoming seriously ill during the night when their regular doctors were off duty. These doctors were called back, responding in a most cheerful manner. I could not find a single case of abuse or neglect.

10. Question. Are the recreational facilities adequate?

Answer. Inadequate at present. Plans are under way for construction of a new building after the war which will relieve this condition.

11. Question. Is the canteen service satisfactory, and are the prices charged veterans reasonable? If not, please describe.

Answer. The canteen service is not satisfactory because of lack of space. Supplies are being trucked from another building to the main hospital building. Construction of the new building will relieve this condition. Prices charged for supplies are in line with prices elsewhere and in some cases are cheaper.

12. Question. Are the medical equipment and clinical arrangements satisfactory?

Answer. Yes. Exceptionally good.

13. Question. Are the periods of hospitalization proper? Too long? Too brief?

Answer. Periods of hospitalization are proper—not too long or too short.

14. Question. Do patients feel they are required to remain in receiving wards too long before complete examinations and treatment are started?

Answer. Some patients have registered this complaint, but my observation was that they needed rest so their cases could be properly diagnosed.

15. Question. How about cleanliness and neatness in the buildings and on the grounds?

Answer. Buildings and grounds are kept in excellent condition. Closets are neatly arranged with supplies in order. Especial care is taken in the preservation of food supplies.

16. Question. Is it felt that the discipline and morale of the patients are satisfactory?

Answer. Yes.

17. Question. Are the transportation facilities to and from the hospital adequate?

Answer. Yes.

18. Question. Is the contact service considered satisfactory and adequate by the VFW?

Answer. Yes.

19. Question. How does the ratio of patients to full-time physicians and surgeons, nurses, and attendants in the veterans' hospital compare to that in State, county, and municipal institutions?

Answer. Compares more favorably.

20. Question. Are the patients too crowded? Is there sufficient floor space per patient?

Answer. No. There is sufficient floor space per patient. No beds are placed in basements, hallways, or storage rooms.

21. Question. How do they find the discipline and morale of the hospital personnel? What are their complaints, if any?

Answer. Discipline and morale of the hospital personnel is splendid. No complaints were registered.

22. Question. What is your recommendations as to type and number of additional beds that may be required for the new load?

Answer. The type of bed now in use seems to be satisfactory. Provision should be made for at least 200 additional beds as soon as possible.

23. Question. What percentage of the patients are leaving the hospital against medical advice? Why?

Answer. The percentage is extremely low. Personal reasons are given in most cases, such as "Needed at home"; "Have to attend to business," etc.

24. Question. Could better hospital care be furnished with staff-aide program of WAC's trained in hospital routine, thus relieving nurses for more important duties?

Answer. Yes; provided they were assigned to a hospital to remain there for a reasonable length of time.

25. Question. What percentage of patients without dependents leave the hospital against medical advice due to the reduction in pension while being hospitalized?

Answer. The percentage is negligible. However, the reduction of pension while being hospitalized creates a certain amount of discontent among patients and in many cases works a hardship on those at home who are dependent upon the patient for their support.

26. Question. Are there any complaints on the part of patients regarding the lack of information given them as to their physical condition and advice as to future treatment upon being discharged from the hospital?

Answer. No. All patients appear before the discharge board and are questioned as to the treatment they received, the benefit derived from being hospitalized, etc.

27. Question. What general or specific recommendations would you offer as to the medical treatment or hospital care of veterans in Veterans' Administration facilities?

Answer. None. I have observed the operations of the veterans' hospitals in Virginia for the past several years, having been a department officer of the Veterans of Foreign Wars of the United States since 1936, and have visited them frequently. Each time I leave them thanking my God that I am a veteran and eligible for admission.

I was admitted to this hospital as a patient on February 28, 1945, and was discharged on March 10, 1945. I received the best of care—exactly the same as the other patients—the doctors were kind, the attendants courteous, and, if in need of hospitalization again, I shall request that I be sent to this hospital.

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#### REPORT OF INVESTIGATION OF VETERANS' HOSPITAL LOCATED AT ROANOKE, VA., ON APRIL 12 AND 13, 1945

1. Question. Are there any general or specific complaints on the medical treatment and hospital care received by the patients? If so, please state briefly.

Answer. This being a mental hospital, complaints are numerous, as a patient of this kind nearly always thinks he is being mistreated and the medical treatment and hospital care are not satisfactory. All cases I investigated were unfounded.

2. Question. Has remedial action been taken by the Veterans' Administration in these cases or others which may have been previously reported?

Answer. Yes.

3. Question. What is your opinion of the relative standards of treatment in the veterans' hospitals as compared to the State, county, and municipal institutions in the same area?

Answer. Standards are higher.

4. Question. Do the manager, chief medical officer, and/or clinical director feel they have sufficient authority to run the hospital as efficiently as they might desire?

Answer. The manager, because of his responsibility, should have more authority to select personnel. At the present time many are employed through Civil Service. The salary and wage scale should be raised.



5. Question. Do they feel that there are undue restrictions and regulations under which they must function? If so, kindly specify in what way.

Answer. There are too many regulations governing insignificant things which the manager should have control over which should come under the normal execution of his office.

6. Question. Do they feel they have sufficient authority and latitude to employ competent doctors, nurses, and attendants?

Answer. No.

7. Question. Do they have encouragement and support in research, in participating in clinical meetings, symposiums, medical lecture courses, etc.?

Answer. Yes; as far as facilities will permit. Three staff meetings are held weekly.

8. Question. What definite complaints, if any, are there as to the quality, quantity, variety, and preparation of food in the veterans' hospitals?

Answer. No definite complaints. Food is well prepared and in sufficient quantity.

9. Question. Have there been or are there any specific cases of alleged abuse or neglect of patients?

Answer. No.

10. Question. Are the recreational facilities adequate?

Answer. Inadequate at the present time because of the need of buildings which are under construction. The recreational program will be enlarged when these buildings are completed.

11. Question. Is the canteen service satisfactory, and are the prices charged veterans reasonable? If not, please describe.

Answer. The canteen service should be enlarged and plans are under way for this when the four new buildings now under construction are completed. The prices charged are in line with prevailing prices, and on some items are lower.

12. Question. Are the medical equipment and clinical arrangements satisfactory?

Answer. Yes.

13. Question. Are the periods of hospitalization proper? Too long? Too brief? Answer. Periods of hospitalization seem to be proper. No man is kept longer than absolutely necessary.

14. Question. Do patients feel they are required to remain in receiving wards too long before complete examinations and treatment are started?

Answer. Patients of this type in most cases feel they should not be there. Examinations and treatment are started as soon as possible.

15. Question. How about cleanliness and neatness in the buildings and on the grounds?

Answer. Buildings are neat and clean and the grounds are well kept.

16. Question. Is it felt that the discipline and morale of the patients are satisfactory?

Answer. Yes.

17. Question. Are the transportation facilities to and from the hospital adequate?

Answer. Yes.

18. Question. Is the contact service considered satisfactory and adequate by the VFW?

Answer. Excellent.

19. Question. How does the ratio of patients to full-time physicians and surgeons, nurses, and attendants in the veterans' hospital compare to that in State, county, and municipal institutions?

Answer. Very favorable. Better than the average hospital at the present time.

20. Question. Are the patients too crowded? Is there sufficient floor space per patient?

Answer. No. No beds are located in basements, hallways, or storage rooms.

21. Question. How do they find the discipline and morale of the hospital personnel? What are their complaints, if any?

Answer. Discipline and morale of the hospital personnel is good. They seem to be glad they are making a contribution to the war effort through their services.

22. Question. What is your recommendation as to type and number of additional beds that may be required for the new load?

Answer. The 4 new buildings under construction will add 656 additional beds. These should be sufficient for the present time and for the next few years. The types of beds now in use appear to be very satisfactory.

23. Question. What percentage of the patients are leaving the hospital against medical advice? Why?

Answer. Less than 1 percent. In most cases relatives insist they are well enough to leave and assume responsibility for their care.

24. Question. Could better personal care be furnished with staff aide program of Wacs trained in hospital routine, thus relieving nurses for more important duties?

Answer. Yes. A program of this sort should help very materially.

25. Question. What percentage of patients without dependents leave the hospital against medical advice due to the reduction in pension while being hospitalized?

Answer. Negligible.

26. Question. Are there any complaints on the part of patients regarding the lack of information given them as to their physical condition and advice as to future treatment upon being discharged from the hospital?

Answer. No.

27. Question. What general or specific recommendations would you offer as to the medical treatment and hospital care of veterans in Veterans' Administration facilities?

Answer. I have observed the operations of the veterans' hospitals in Virginia for the past several years, having been a department officer in the Veterans of Foreign Wars of the United States since 1936, and have made frequent visits to these hospitals. Each time I leave them, thanking my God that I am a veteran and eligible for admission.

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DISABLED AMERICAN VETERANS,  
NORFOLK CHAPTER No. 4,  
Norfolk, Va.

1. Answer. There are specific complaints: Bedsores.
2. Answer. Learned of none.
3. Answer. Standards are high.
4. Answer. Yes.
5. Answer. No.
6. Answer. Yes.
7. Answer. Yes.
8. Answer. Complaint as to variety, too much sameness.
9. Answer. No; other than bedsores.
10. Answer. Yes.
11. Answer. Canteen service seemed to be satisfactory; prices not low.
12. Answer. Excellent.
13. Answer. No general complaint. A few specific complaints of "too long."
14. Answer. No.
15. Answer. Exceptionally good.
16. Answer. Yes.
17. Answer. Yes.
18. Answer. In the opinion of DAV, this could be improved.
19. Answer. Yes.
20. Answer. No; ample floor space per patient.
21. Answer. High; no complaints.
22. Answer. None needed at this institution. They have a reserve.
23. Answer. Could not be ascertained.
24. Answer. Decidedly yes.
25. Answer. Could not be ascertained.
26. Answer. No.
27. Answer. Suggest more friendly atmosphere and more warmth in the contacts between staff, nurses, attendants, and the patients; to relieve the feeling on the part of the patients that they constitute a burden and a nuisance.

JOHN M. ARNOLD,  
Department Judge Advocate,  
MILES L. MITCHELL,  
Past Department Commander,  
G. A. PAXTON,  
Junior Vice Department Commander,  
Committee.  
B. L. HINES,  
Department Commander, Chairman,

THE AMERICAN LEGION,  
DEPARTMENT OF WASHINGTON,  
Seattle, Wash., April 27, 1945.

MR. EDWARD N. SCHEIBERLING,

*National Commander, the American Legion, Washington, D. C.*

DEAR ED: Pursuant to your request that an investigation be made of the Veterans' Administration hospitals in this department, I wish to advise that on April 11 a committee composed of June W. Valiant, national field secretary; J. Jay Long, department adjutant; and K. Klemmetson, department service officer, together with representatives from the VFW, DAV, and USWV, visited the hospital at American Lake. On April 17 and 18 this same committee made an investigation of the Veterans' Administration facility at Walla Walla.

Each of the veteran organizations, although making their investigations at the same time, are making separate reports to their own national organization.

Enclosed you will find the report on these two facilities for your information.

Sincerely,

L. A. WILLIAMS, *Department Commander.*

VETERANS' ADMINISTRATION HOSPITAL, AMERICAN LAKE (NEUROPSYCHIATRIC, 825 BEDS), VISITED APRIL 11, 1945

1. Question. Are there any general or specific complaints on the medical treatment and hospital care received by the patients? If so, please describe briefly.

Answer. Yes. No TB NP specialist to handle the 15 TB NP patients. Only five continuous flowing tubs; not sufficient to handle large number of disturbed patients.

2. Question. Has remedial action been taken by the Veterans' Administration in these cases or others which may have been previously reported?

Answer. No; insofar as the request for personnel to treat TB NP cases. The manager stated a request has been made for additional continuous flowing tubs.

3. Question. What is your opinion of the relative standards of treatment in the veterans' hospitals as compared to the State, county, and municipal institutions in the same area?

Answer. It is believed the standard of treatment at American Lake is better than they give at the State, county, and municipal institutions in this area.

4. Question. Do the manager, chief medical officer, and/or clinical director feel they have sufficient authority to run the hospital as efficiently as they might desire?

Answer. No. We found the manager evasive on this question. He did state officially that he did not have sufficient authority, but unofficially he took action without central office approval. The clinical director was emphatic in his statement in the negative.

5. Question. Do they feel that there are undue restrictions and regulations under which they must function? If so, kindly specify in what way.

Answer. Yes. Again, the manager did not frankly answer the question.

6. Question. Do they feel they have sufficient authority and latitude to employ competent doctors, nurses, and attendants?

Answer. No.

7. Question. Do they have encouragement and support in research, in participating in clinical meetings, symposiums, medical lecture courses, etc.?

Answer. No. There doesn't seem to be a great deal of interest in this respect by the staff of this facility.

8. Question. What definite complaints, if any, are there as to the quality, quantity, variety, and preparation of food in the veterans' hospitals?

Answer. We found no complaints and the food appeared to be satisfactory. The fact that this facility is raising its own poultry and pork and produces its own eggs is a distinct benefit. It is believed these projects should be expanded.

9. Question. Have there been or are there any specific cases of alleged abuse or neglect of patients?

Answer. As far as we could ascertain; none. However, there have been complaints of abuse or neglect of patients made by members of the families and from other outside sources.

10. Question. Are the recreational facilities adequate?

Answer. Yes. Attention is invited to the existence of a large recreation hall which serves to enable recreation and exercise of patients during inclement



weather. The Veterans' Administration should consider the erection of similar facilities in other NP institutions.

11. Question. Is the canteen service satisfactory, and are the prices charged veterans reasonable? If not, please describe.

Answer. No. Prices charged are no less than in any commercial establishment near the facility. There is a lack of quality and quantity and because the patients are required to purchase from the canteen they are being penalized because of inability to shop around. It is believed that the Veterans' Administration should operate their own canteens throughout the country.

12. Question. Are the medical equipment and clinical arrangements satisfactory?

Answer. No. Need more continuous flowing tubs, more satisfactory arrangements for the treatment of TB NP cases, and erection of modern infirmary building which is included in authorized construction. Some of these objections may be overcome by this new construction.

13. Question. Are the periods of hospitalization proper? Too long? Too brief?

Answer. It is believed patients are sent home on trial visits before they are sufficiently recovered and such trial visits are given without proper investigations of the home conditions. We have found numerous patients have had to be returned to the hospital for continued treatment and this at the expense of the claimant or his family. It is believed that the Veterans' Administration should bear the financial responsibility of returning the veterans to the hospital for continued treatment during the period of trial visit.

14. Question. Do patients feel they are required to remain in receiving wards too long before complete examinations and treatment are started?

Answer. Not pertinent to the NP hospitals.

15. Question. How about cleanliness and neatness in the buildings and on the grounds?

Answer. Good except interior of the kitchen and dietetic utilities. It is believed that both need a good house cleaning.

16. Question. Is it felt that the discipline and morale of the patients are satisfactory?

Answer. Yes, as far as we could ascertain.

17. Question. Are the transportation facilities to and from the hospital adequate?

Answer. Yes.

18. Question. Is the contact service considered satisfactory and adequate by the American Legion?

Answer. Yes.

19. Question. How does the ratio of patients to full-time physicians and surgeons, nurses, and attendants in the veterans' hospital compare to that in State, county, and municipal institutions?

Answer. Compares favorably, but it is believed at a ratio that is not conducive to good treatment. We believe, particularly, that more doctors should be assigned.

20. Question. Are the patients too crowded?

Answer. Yes.

Is there sufficient floor space per patient?

Answer. No.

21. Question. How do you find the discipline and morale of the hospital personnel? What are their complaints, if any?

Answer. There is a lack of cooperation and coordination between the manager and clinical director and staff, and between the clinical director and staff. It is believed it would be to the best interests of the patients and the institution if a change were made in the manager and clinical director.

22. Question. What is your recommendation as to type and number of additional beds that may be required for the new load?

Answer. It is believed this hospital needs, in addition to the authorized construction, at least 1,100 additional beds, having in mind separate facilities for similar veterans and TB NP cases. At present TB NP's are quartered in wards used for the treatment of psychovenereal cases. There is definite need for a replacement of the present dining-room facilities, kitchen, dietetic utilities, and storage facilities, and there is definite need for accommodations for personnel and employees.

23. Question. What percentage of the patients are leaving the hospital against medical advice? Why?

Answer. This question does not apply to this type of hospital.

24. Question. What percentage of patients without dependents leave the hospitals against medical advice due to the reduction in pension while being hospitalized?

Answer. The same applies to the answer for question 23.

25. Question. Could better personal care be furnished with staff-aide program of Wacs trained in hospital routine, thus relieving nurses for more important duties?

Answer. Yes, we believe it would be beneficial with properly trained people.

26. Question. Are there any complaints on the part of the patients regarding the lack of information given them as to their physical condition and advice as to future treatment upon being discharged from the hospital?

Answer. Yes. We believe families are not properly informed nor are patients who are being given their discharges.

27. Question. What general or specific recommendations would you offer as to the medical treatment and hospital care of veterans in Veterans' Administration facilities?

Answer. We believe there is a distinct interference with the treatment of patients in this facility because of the large number of out-patient examinations being conducted there when such examinations could and should be conducted at the regional office, Seattle.

It is found that the military personnel assigned to American Lake ward duty are receiving orders from civilian personnel direct rather than through a commissioned officer or noncommissioned officer in a military establishment. This is resented by both officers and enlisted men. It is believed head attendants should clear directions through proper military authority to obtain the best results.

There is definite friction between the manager and the clinical director, and the manager and the medical officers. The clinical director dominates the medical staff which results in friction. To emphasize the attitude of the clinical director toward veterans suffering from functional nervous diseases there is attached hereto a copy of a memorandum from the clinical director to the manager. It is believed that this letter confirms our criticism of the clinical director. We wish to cite the case of Albert L. Davis, C-4380967, which proves that the clinical director required the medical examiner to change diagnosis from functional nervous condition to CPI.

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VETERANS' ADMINISTRATION,  
*American Lake, Wash., January 29, 1945.*

MEMORANDUM

To: Manager.

From: Clinical director.

Subject: Treatment of psychoneurosis.

As per your request of January 26, 1945, and the request of the medical director, the reprints on the above subject have been reviewed by the medical staff at this facility.

Until 4 years ago the out-patient psychoneuroses examined at American Lake were given psychotherapy by the clinical director similar to that used at the front during World War I and at the Atlanta district office in 1923. This procedure had to be discontinued because of the increased load of out-patients thrown upon us by the present war and the absence of a neuropsychiatrist at the Seattle regional office.

Practically every physician on the staff sincerely desires the Veterans' Administration to take up this responsibility and since social and public health sources are aroused to the great need in this direction for our returning soldiers now is the psychological time to "get going." Neuropsychiatry in the Veterans' Administration and elsewhere is a medical problem to be solved by medical men. This calls for, and calls forth, the best efforts of our psychiatrists. They should not be fenced in but should have a new deal and a free hand. However, it is well known in Veterans' Administration circles that any attempts at curative procedure upon ex-servicemen compensated for psychoneurosis at once arouses the enmity of the powerful subversive political elements within the administration and in the ex-service organizations which as early as 1922 decided that compensation had come to stay and that psychoneurosis was to be a permanent disability.

Because of this interference with one of the great humanitarian problems of our time, ex-servicemen with psychoneurotic symptoms have been given pensions



instead of emotional control, restored confidence, and self-respect, and since the early twenties any neuropsychiatrist who dared to evince an interest in the restoration of a service-connected psychoneurotic became a marked man, to be browbeaten and properly subdued.

If there is to be a sincere effort to treat the psychoneurosis of the present war veterans, the first bona fide efforts in that direction should be to clean house. To remove such a powerfully entrenched political block and its corrupt demoralizing influence will take a lot of intestinal fortitude and the assistance of an aroused public.

These facts must be faced and brought to the light if the Veterans' Administration expects to make any progress in the treatment of psychoneurosis of World War II veterans. Let us admit with shame that we failed our World War I boys and by our cowardice permitted them to sell their birthright of freedom and manhood for a mess of pottage. It must be admitted that no concerted effort was ever made to treat and cure these emotional disorders and it must be told now to explain why our present medical officers are so incompetent, after 20 years of discontinuance of practice, to take over the stupendous task now confronting the neuropsychiatrist and other social services of the United States.

#### RECOMMENDATIONS

1. It isn't human nature to be cured of a pension, and something practical could be done about this. Emotional reactions are short-lived even in a boy who is ashamed because he feels he has taken a licking, and a time limit should be placed on compensation paid for psychoneurosis. Furthermore, only in special cases should any compensation be paid for the conscious or the subconscious desire to escape domestic camp training service.

2. Sinister opposition to the treatment of psychoneurosis must be removed.

3. To get results, special personnel able to differentiate NP conditions and treat psychoneurosis are needed. They must have the confidence and the backing of the Veterans' Administration and the authority to make their own decisions and diagnoses instead of being compelled to continue nonexistent or erroneous diagnoses.

4. We need a specially trained examiner and psychotherapist at this facility to set up this out-patient project. He should preferably be secured by trading one of our young psychiatrists into the Army for one of our former employees who by now will have learned how to treat the psychoneuroses. If this cannot be done, one or more of our men should receive a refresher course.

5. Particularly of late we are not able to function properly due to the lack of stenographic help. Reports are held up because of this shortage. If trained stenographers cannot be secured, at least dictaphones could be purchased to overcome this bottleneck.

6. The psychiatric social worker should have an able assistant and a stenographer, or a typist and a dictaphone to adequately cover this additional work in her department.

7. A full-time psychoanalyst or industrial aide will be needed to evaluate each patient's aptitude for work, to be in liaison with the hospital and vocational-training departments, and to assist in the securing and holding jobs for these men until they are fully rehabilitated.

8. The cure of psychoneurosis, like other NP conditions, is not complete until some degree of rehabilitation is established and to accept the treatment of ex-service men means to accept the responsibility of their social and industrial rehabilitation. No great progress will be made in either treatment or rehabilitation unless we sincerely believe that it can be accomplished and unless we give it a fair trial. Nor can we arouse the interest and secure the help of the public in this undertaking if we ask them to employ these men when we do not have enough confidence to employ them ourselves—nor will the confidence of the patient be satisfied with such reservations.

9. In February of 1943 I recommended the set-up of well-organized rehabilitation employment centers to which psychotics could be graduated from hospital occupational therapy into an atmosphere which permitted more independent contacts with the public. Here they would be given a small remunerative wage and placed on the waiting list when ready for employment. At this time, in addition to such centers, our occupational therapy and physical instruction should be reorganized and expanded for systematic courses in physical culture and the trades. By this group therapy the psychoneurotic would regain vigor and confidence and a desire to return to useful civil life.

T. F. NEIL, M. D., *Clinical Director.*



VETERANS' ADMINISTRATION HOSPITAL, WALLA WALLA, WASH (TUBERCULOSIS, 421 BEDS). VISITED APRIL 17 AND 18, 1945

1. Question. Are there any general or specific complaints on the medical treatment and hospital care received by the patients? If so, please describe briefly.

Answer. No.

2. Question. Has remedial action been taken by the Veterans' Administration in these cases or others which may have been previously reported?

Answer. Not necessary. Covered in above answer.

3. Question. What is your opinion of the relative standards of treatment in the veterans' hospitals as compared to the State, county, and municipal institutions in the same area?

Answer. We believe excellent treatment is being given to the patients in this hospital which is far in excess of the standards of the city, county, and municipal institutions in the Northwest.

4. Question. Do the manager, chief medical officer and/or clinical director feel they have sufficient authority to run the hospital as efficiently as they might desire?

Answer. No.

5. Question. Do they feel that there are undue restrictions and regulations under which they must function? If so, kindly specify in what way.

Answer. No; we do not feel there are undue restrictions and regulations that interfere with the medical treatment, but there is interference because of undue restrictions and regulations in the administrative functions.

6. Question. Do they feel they have sufficient authority and latitude to employ competent doctors, nurses, and attendants?

Answer. They do not. Professional and technical personnel cannot be procured without authority from the central office which takes from 3 to 6 months to complete. Attendants are not procurable at the wages permitted which are below those wages paid by adjacent Government facilities. Further, it has been impossible to secure equipment and certain supplies within a reasonable length of time because of lack of local authority. There should be authority equal to the responsibility in the hiring of professional and scientific help and the procuring of equipment and supplies.

7. Question. Do they have encouragement and support in research, in participating in clinical meetings, symposiums, medical lecture courses, etc.?

Answer. No. This institution should be commended for its interest in participation in clinical meetings, symposiums, and lectures which must be done at their own expense. It is believed the central office should make it possible for the medical and professional men to enjoy the same privileges and rights as are enjoyed by the Army, Navy, and Public Health Service, particularly through the American Medical Association. The central office should encourage the staffs of our hospitals to participate in various medical activities and to authorize the manager to have official representation, at the expense of the Veterans' Administration, at all meetings and other functions in the interest of the disabled veterans.

8. Question. What definite complaints, if any, are there as to the quality, quantity, variety, and preparation of food in the veterans' hospitals?

Answer. The food when it reaches bed patients is cold and unpalatable. The food served our representatives the first day of this visit was chilled when served. There is not sufficient variety in the food served. From the observations gained on this visit, the difficulty in this institution is the inaptitude and indifference toward the welfare of the patients by the chief dietitian and the assistant dietitian. In fact, on the first day of our visit the assistant dietitian had her day off and the chief dietitian was absent of illness, leaving only a young, newly assigned staff dietitian to handle these multitudinous activities. The dietitians do not personally supervise or weigh the special diets. This function is left to a number of employees in the dietetic service. Last January it was found the soldier personnel assigned to the dietetic service was weighing the special diets. The chief dietitian or the assistant chief dietitian seldom visit the dining rooms during mealtimes. According to the words of the manager, the chief dietitian, because of illness, is irritable, extremely difficult to get along with, and is not inclined to want to take orders.

9. Question. Have there been or are there any specific cases of alleged abuse or neglect of patients?

Answer. None found.

10. Question. Are the recreational facilities adequate?

Answer. No. There is not adequate space for recreation, library or social functions; no game rooms and limited space for the canteen. Additional construction to provide adequate facilities in a suitable location should be constructed.

11. Question. Is the canteen service satisfactory, and are the prices charged veterans reasonable? If not, please describe.

Answer. Yes. The operation of this canteen by the Army demonstrates the necessity of the Veterans' Administration operating their own canteen service.

12. Question. Are the medical equipment and clinical arrangements satisfactory?

Answer. No; and the rest is antiquated. Equipment requested by the manager for a long period of time has not been provided. The old, antiquated buildings being used for the treatment of TB are very unsatisfactory, the infirmary building being far removed from the TB wards. New construction is the only answer.

13. Question. Are the periods of hospitalization proper? Too long? Too brief?

Answer. We believe the hospital periods are satisfactory.

14. Question. Do patients feel they are required to remain in receiving wards too long before complete examinations and treatment are started?

Answer. Some patients have complained that the period in the reception service has been too long.

15. Question. How about cleanliness and neatness in the buildings and on the grounds?

Answer. Cleanliness and neatness in the modern infirmary building are excellent, and as good as can be expected in the old construction with the exception of the supply facilities and dietetic utilities in the basement of the kitchen, because it is believed proper supervision is lacking.

16. Question. Is it felt that the discipline and morale of the patients are satisfactory?

Answer. Yes.

17. Question. Are the transportation facilities to and from the hospital adequate?

Answer. Yes.

18. Question. Is the contact service considered satisfactory and adequate by the American Legion?

Answer. Yes; but needs stenographic assistance.

19. Question. How does the ratio of patients to full-time physicians and surgeons, nurses, and attendants in the veterans' hospital compare to that in State, county, and municipal institutions?

Answer. It is found there are more doctors, nurses, and attendants than are provided in other institutions for a similar number of patients. However, it is believed additional personnel should be provided in accordance with the manager's request.

20. Question. Are the patients too crowded? Is there sufficient floor space per patient?

Answer. Yes. We do find them too crowded in the infirmary building, and there is not sufficient floor space per patient. In the buildings used for the treatment of TB patients it is found the wards were not suitable and could not be made suitable with any remodeling.

21. Question. How do you find the discipline and morale of the hospital personnel? What are their complaints, if any?

Answer. Good; with the exception of the dietetic service.

22. Question. What is your recommendation as to type and number of additional beds that may be required for the new load?

Answer. It is believed there should be new construction to provide at least 500 additional beds for the treatment of TB patients. It is believed large recreational facilities should be made available and modern accommodations for personnel should be provided; that the proposed remodeling of one of the buildings used for the treatment of TB cases will not provide suitable wards, nor can it be accomplished because of the occupancy of the terminal TB patients, and no other facilities available either in public or private institutions during such proposed remodeling.

23. Question. What percentage of the patients are leaving the hospitals against medical advice? Why?



Answer. About 20 percent of the patients are leaving on account of homesickness, domestic affairs, and reduction in pensions.

24. Question. What percentage of patients without dependents leave the hospitals against medical advice due to the reduction in pension while being hospitalized?

Answer. Quite a few.

25. Question. Could better personal care be furnished with staff aide program of Wacs trained in hospital routine, thus relieving nurses for more important duties?

Answer. Yes. It is believed steps should be taken to immediately procure such personnel.

26. Question. Are there any complaints on the part of the patients regarding the lack of information given them as to their physical condition and advice as to future treatment upon being discharged from the hospital?

Answer. Yes. The doctors should give more emphasis and advice to patients upon leaving the hospital, and there is definite need for the reestablishment of follow-up nursing service.

27. Question. What general or specific recommendations would you offer as to the medical treatment and hospital care of veterans in Veterans' Administration facilities?

Answer. It is recommended that the chief dietitian and assistant dietitian be transferred immediately, as it is found that regardless of previous complaints no effort has been made to improve the service in that department.

It is recommended that there be immediately constructed facilities to provide for 500 beds for the treatment of TB patients. It is felt the \$30,000 remodeling program of building No. 68 will not improve the facility from a treatment standpoint. The wards are too large, poorly arranged, some of them dark and cheerless, and ventilation is poor. Further, this building is filled with seriously ill patients and there is a question as to how this building or any of these antiquated buildings can be remodeled because of the occupancy of the beds in them. In providing the construction, consideration should be given to the proposition of locating the buildings closer to the present infirmary building and the establishment of suitable dining room and kitchen facilities as well as proper recreational facilities. Until such construction can be completed, the existing dietetic kitchen should be immediately provided with adequate, modern grills and other implements so that short orders and other food can be better served.

There should be immediate decentralization of authority to the manager to employ professional and scientific personnel and to employ nonclassified employees at wages comparable to those paid adjacent Government installations, also decentralization of authority for the purchase of supplies and equipment. There should be reestablishment of the purchase of subsistences, particularly fresh foods and vegetables, on the local open market when they cannot be furnished immediately by the present method of procurement.

There should be the reestablishment of the selection of food, within reason, by the seriously ill TB patients.

There should be eliminated the present system of promotion of competent personnel, thereby removing the requirement that the number of patients is a factor in determining the entitlement to promotion rather than the qualifications of the individual. There appears to be a substandard of salaries paid to all classes of personnel in the Veterans' Administration. Because of this, there is inability to interest professional, subprofessional, and competent personnel in employment with the Veterans' Administration.

It is believed needs of construction and improvement are determined by the central office without due regard to the recommendations of the manager of the facility involved. This even goes as far as to the type of construction.

The hospital has no space for storage of frozen vegetables. Only 10 pounds of frozen peas were on hand, and these were in part of the ice cream freezer which apparently is the only space available. We noted that one of the cold lockers in the basement of the building which houses the kitchen could easily be converted into space suitable for storing frozen vegetables. Canned vegetables, it is believed, are used too much at Walla Walla during winter months instead of frozen vegetables which are available.

It is felt that Lt. Col. J. J. Beatty has done an outstanding job in managing this institution. Our patients at Walla Walla are receiving first-class medical treatment and ultramodern surgery, and we do feel that the manager and the surgical and medical service are to be highly complimented on the work they



are doing. In fact, the medical staff of the McCaw General Army Hospital has been very much interested in the type of surgery and treatment given for TB cases by the Veterans' Administration Hospital at Walla Walla.

In summarizing, we feel that this hospital, working under conditions of lack of authority to hire help and lack of authority to purchase supplies and material, is doing a remarkable job with the exception of the dietetic service.

VETERANS OF FOREIGN WARS OF THE UNITED STATES,  
NATIONAL REHABILITATION SERVICE.  
*Washington 5, D. C.*

WASHINGTON (TWO HOSPITALS)

American Lake Facility, American Lake: NP hospital, 825 beds, (addition authorized.)

Complaints: Overcrowding; period of treatment too short, lack of proper treatment for TB cases, lack of authority, poor discipline and morale among personnel, too many out-patient treatments, canteen inadequate, kitchen conditions bad.

Recommendations: Correction of above; segregate WW-I and WW-II patients; increase staff, that the present manager be removed for the interest and efficiency of the hospital (borne out by report of differences in staff administration).

Walla Walla Facility, Walla Walla: TB hospital, 421 beds.

Complaints: Overcrowding, lack of authority, food often served cold, X-ray and chemical equipment obsolete, recreation and sanitary facilities inadequate, food storage space dirty.

Recommendations: 500 new beds, replacement of dietitian.

Remarks: Follow-up service of patients after discharge also recommended.

RESULT OF INVESTIGATION OF THE AMERICAN LAKE HOSPITAL, VETERANS'  
ADMINISTRATION FACILITY

1. Answer. Yes. No TB-NP doctors. No qualified specialists on duty to take care of that type of patient. Ward doctor taking care of these patients admits he is only an NP specialist but is not qualified to handle TB. There are 15 TB-NP cases at this hospital. Only 5 tubs available for treatment. This is not sufficient and therefore a great many disturbed patients receive the wet-sheet treatment.

2. Answer. No.

3. Answer. The standards of other institutions in same area are better.

4. Answer. Manager claims he has, but the fact remains that he must have OK from central office on hiring certain employees, especially in the clinical department. The clinical director reports, definitely not sufficient authority.

5. Answer. Covered in No. 4.

6. Answer. No. Manager admits he must have authority from central office to employ competent doctors, nurses, and attendants but says that he will employ doctors if necessary and ask for OK from central later. Upon investigation, we find that this is not true, clinical director claims this has never been done and does not think it will ever be done.

7. Answer. No.

8. Answer. No complaints. The food, quality and quantity, is very good. The institution raises some produce and has 400 hogs and 1,800 chickens. This endeavor should be extended.

9. Answer. No. Some complaints were made but they could not be substantiated on account of the particular type of patients in this mental institution.

10. Answer. Yes. They are elaborate and unusual facilities. The athletic field and field house is of the finest and the recreational hall is excellent.

11. Answer. No. The canteen is run on a lease basis. The operator buys his own supplies. The general appearance of this canteen is rather disorderly and not any too clean. Supplies are not adequate. Prices are too high, as the patients pay the same as charged to civilians on the outside. There is an army PX on the premises. The PX was bitterly opposed by the operator of the canteen. Suggest the canteen be closed and patients be allowed to buy at PX as is being done in other institutions in this State. Commanding officer of military agrees with this.

12. Answer. No. There should be more tubs for treatment.

13. Answer. No. Too brief: many patients are discharged too soon and have to be returned for further treatment. Trial visits to patients' homes should be continued, but the Veterans' Administration should stand the cost of returning

the veteran to the facility, except where patients are taken out against medical advice.

14. Answer. Do not know. The type of patients in the American Lake facility are not reliable informants and are unable to determine the question.

15. Answer. O. K. Interior decorations should be looked into. Kitchen conditions are bad and is in need of interior improvement and house cleaning.

16. Answer. Yes. There was no lack of restraint in evidence.

17. Answer. Yes.

18. Answer. Yes.

19. Answer. Yes. Favorably. There are more doctors, nurses, and attendants to ratio of patients than in State, county, and municipal institutions, but is still not satisfactory. This facility has too many out-patients to take care of, which hampers the efficiency inside the hospital.

20. Answer. Yes. (2) No. In many instances beds are only about 1 foot apart, and beds are put in the aisles.

21. Answer. Discipline is very weak (see question 4). Medical staff and other personnel seem to be at loggerheads. The military personnel attached to the institution feel that there should be a man in charge of military personnel in each ward to give the orders to the men instead of the military being ordered by some civilian. This creates a bad condition not conducive of discipline. We recommend noncoms be placed in charge of men in all instances.

22. Answer. Immediate steps are taken to start construction of new building already approved. Bids were called for on April 12, 1945. However, more construction should be considered to accommodate women patients, additional personnel housing, kitchen, and dining room. Then all TB-NP patients can be separated from other general types of NP patients. This is not done now.

23. Answer. Does not apply to American Lake Hospital, due to the necessity of commitment to enter this facility.

24. Answer. Does not apply to this facility. (See No. 23.)

25. Answer. Consideration could be given to technicians, etc., if properly trained.

26. Answer. Yes; from patients' families in particular.

27. Answer. We feel that the veterans of World War I and II should be segregated to give the younger veterans a better chance to get well. We noticed these young veterans sitting together, especially during recreation hours. The fact that young NP cases are mixed with older men who have been there for years is not conducive to the welfare of the young veteran.

The efficient and proper treatment of patients is interfered with on account of too many out-patient treatments. Out-patient—this type of treatment should be done by regional office in Seattle, Wash., only. We recommend that the medical staff in the regional office be extended to take care of this situation. We feel that the clinical staff is inadequate, due to some of the doctors not being qualified for the type of service they are called upon to do. This information was obtained directly from these doctors; for instance, as explained in question No. 1, where the doctor on duty in the TB-NP ward is definitely not a TB doctor. It is recommended that the manager be removed for the interest and efficiency of the institution, as there is a definite friction between management and clinical staff, and it is our opinion that the removal of the manager will relieve that situation.

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#### RESULT OF INVESTIGATION OF THE WALLA WALLA HOSPITAL, VETERANS' ADMINISTRATION FACILITY

1. Answer. No.

2. Answer. Covered by question No. 1.

3. Answer. Superior. Through the untiring efforts of Dr. Beatty, manager of the facility, the standards of treatment, etc., are as stated.

4. Answer. No.

5. Answer. Yes. There should be further decentralization of authority, especially in buying supplies and hiring personnel. We find in all these institutions that responsibility of the manager is stressed very strongly, but to hold a manager's responsibility, he should have full authority.

6. Answer. Applies to question No. 5. No authority vested to employ skilled and unskilled employees, or pay the type of wages necessary to compete with wages paid on the outside, and therefore be enabled to secure good and skilled employees, who will stick to the job.

7. Answer. No. Not as much as they should. In most instances, they pay their own expenses and are sent certain papers to read, instead of submitting for reading their own subjects and papers.

8. Answer. Food is served cold when reaching bed patients, due to lack of proper equipment and diet kitchen facilities. Quality of raw food is good, preparation of food is good, but there is a definite lack of proper, interested supervision.

9. Answer. No.

10. Answer. No. The recreation facilities are not sufficient. Additions should be built to present building, or an entire new structure should be erected.

11. Answer. Yes. Very good. They have an Army PX, which is being used by Army personnel as well as the patients.

12. Answer. No. X-ray equipment is old and should be replaced. Thought should be given to replacing some of the chemical equipment.

13. Answer. Yes. Proper and satisfactory.

14. Answer. Yes. The patients have complained, and we feel this is due to limited bed capacity.

15. Answer. Buildings, such as wards and clinical facilities, have a general appearance of neatness and cleanliness. However, food storage which is housed under the kitchen, was dirty. Information received showed that dietitians never come down below for inspection.

16. Answer. Yes. Good.

17. Answer. Yes.

18. Answer. Contact representative should have stenographic assistance, and should be called in to the regional office for further training, because of lack of experience. He is generally trying to do a good job.

19. Answer. They have more personnel to ratio of patients, but there is still room for improvement. The infirmary building is too crowded. Other buildings are not too crowded, but are very unsuitable on account of age. New buildings should be constructed immediately. The old buildings are not too sanitary, and bathrooms and toilet fixtures and general appearance are out of date. The old buildings as a whole are too noisy.

20. Answer. See question No. 19.

21. Answer. Good. There seems to be a general satisfaction and an average good morale and discipline among the hospital personnel. The military personnel is very dissatisfied because of no cooperation in the dietetic service. The civilian personnel, when dissatisfied with the treatment from the dietitians, quit their jobs and go elsewhere. The result is that every time a civilian employee quits in the kitchen, the vacancy is filled by military personnel. Originally, they had 17 military boys in the kitchen and mess hall, while now they have 38. In other words, no attempt is made to replace the vacancy with civilian help. To the military personnel, these jobs are just glorified KP, and there is very much dissatisfaction about them. The dietitians are old, inefficient, and absent from their jobs too frequently, and are not paying attention to the very important work they have to perform. There is absolutely no cooperation on their part.

22. Answer. New construction should be started immediately for 500 beds, as the poor condition of the buildings are as explained in question No. 19.

23. Answer. Approximately 20 percent. Generally caused by conditions at home, domestic affairs, and reduction in pensions in most instances.

24. Answer. We were unable to ascertain the percentage, but believe that better personal care could be furnished if the properly trained Waacs could be used in this hospital.

25. Answer. Although we have not been able to ascertain the correct percentage, quite a large portion of patients without dependents leave the hospital against medical advice, due to reduction of pensions.

26. Answer. Yes. We believe that there should be a follow-up by qualified graduate nurses to keep track of these patients, as at the present time they do not receive the proper information and advice as to further treatment. The family quite often complains about not knowing what to do after the patient gets home. With follow-up nurses, there would be much less chance of these patients returning to the hospital on account of not knowing the proper treatment to follow. If this was done, it would ease up the hospital load somewhat. All they have at the present time is a social psychiatric worker, who is not medically qualified for follow-up purposes.

27. Answer. Outside of the information given to the above questions, we would very definitely recommend that the present dietitians be discharged from their positions and the manager be given authority to hire the best dietitians available at a salary comparable to that which is paid on the outside. We would also recommend in this respect that younger dietitians be hired.



HOSPITAL INVESTIGATION AT VETERANS' ADMINISTRATION HOSPITAL, AMERICAN LAKE,  
WASH., APRIL 11, 1945

MILTON D. COHN,

*National Commander, Disabled American Veterans,  
Cincinnati, Ohio.*

Report of your committee, who were George J. Smith, department commander, State of Washington, and Perry E. Dye, national service officer, Seattle, Wash.

This report is on the Veterans' Administration Facility, American Lake, Wash., which is the nervous- and mental-disease hospital.

The questionnaire is answered in numerical order as follows:

1. Answer. Yes. No tuberculosis and NP specialist on the staff. There is also a serious need for tubs for treatment of disturbed cases.

2. Answer. No. All previously reported needs have been ignored.

3. Answer. Much better standards of treatment.

4. Answer. The manager stated he had sufficient authority. The clinical director said "No." The opinion of the investigators is also "No."

5. Answer. The manager said "No." The investigators said "Yes."

6. Answer. No.

7. Answer. No.

8. Answer. No justified complaints on the food. This facility raises their own fowl, pork, and field vegetables. These projects should be enlarged as many patients get out doors and are benefited by a part in these projects.

9. Answer. Have heard of abuses but facts are not available.

10. Answer. Yes. Recreation hall is an innovation at this facility. Should be studied for use at other facilities.

11. Answer. No. The canteen is dirty, stock is poor, prices are equal or higher than outside prices. It is recommended that private concessionaires be done away with and that the Veterans' Administration or Army details attached to the facility supply and operate the canteens. This should be mandatory in NP hospitals where the patient is not at liberty to go to town and shop for such needs as he may have.

12. Answer. No. Need more tubs and additional medical arrangements, especially segregation of the tubercular and mental cases. This will be helped by new construction.

13. Answer. Trial visits are allowed too soon in many cases. After the veteran is given a trial visit and has to return for further treatment, as is the case in a great many instances, return expenses should be paid by the Veterans' Administration.

14. Answer. Unable to determine, as in this type of facility diagnosis and determination of treatment varies greatly.

15. Answer. O. K. for grounds. Interior of kitchens, bake shop, and dining rooms need painting and renovating, especially around steam tables and faucets.

16. Answer. Yes; as good as can be expected under crowded conditions. It is recommended that War I and War II patients be segregated. At present a young man of War II is placed with several War I veterans who have hospitalized for years. His morale is affected as he sees around him and associates with men who are incurable.

17. Answer. Yes.

18. Answer. Yes.

19. Answer. Favorable but below ratio standards.

20. Answer. (a) Yes. (b) No.

21. Answer. Discipline is weak at this facility. There is a definite rift and a noncooperative situation exists between the manager of the facility and the clinical director. This is affecting the medical staff. Either the manager or the clinical director should be dismissed.

22. Answer. Immediate steps should be taken to construct a 492-bed program, which is authorized, and other intended bed increases should be considered for future patient load. Should include a new dining room, kitchen, storage quarters, personnel quarters, and room for proper segregation of the tuberculosis patients and NP's.

23. Answer. This is not a problem in this Veterans' Administration facility.

24. Answer. Yes. Could be technicians, social aids, and would relieve nurses from a too heavy schedule for more important duties.

25. Answer. Do not believe this is a factor at NP hospitals.

26. Answer. Yes. Information given patient is insufficient, especially in the education of families and persons with whom they are to live is it insufficient.

There should be a follow-up in all cases to ascertain if conditions are ideal or unsatisfactory for further recovery of the patient.

27. Answer. (a) Segregation of War I and War II patients.

(b) That all out-patient examination and for rating purposes be stopped at field stations. These examinations would be made in every case at the regional facilities with proper clinical accommodations. Medical doctors at this particular facility are overloaded at present in the care of patients hospitalized. Out-patient examinations are an additional burden and cause neglect of those hospitalized patients. Examinations for rating purposes are not thorough, improperly staffed, and are not fair to the claimants.

(c) As mentioned in connection with question 21, a condition of understanding, cooperation, and thorough acceptance must be maintained between the manager and the clinical director and the medical staff. Further, our organization should be in the field with more men whose duty should be to make such investigations as this at regular intervals in the future.

GEO. J. SMITH,  
Department Commander, State of Washington.  
PERRY E. DYE,  
National Service Officer.

DISABLED AMERICAN VETERANS,  
DEPARTMENT OF WASHINGTON,  
April 14, 1945.

#### ITINERARY AND ARRANGEMENTS FOR INVESTIGATION OF VETERANS' HOSPITALS. AMERICAN LAKE HOSPITAL, APRIL 11, 1945

Investigators of patients and dietetics: K. Klemmetson, department service officer, American Legion; Elton Alexander, department adjutant, VFW; George J. Smith, department commander, DAV.

Our investigation started at 9 a. m., completed at 4:30 p. m.

*Kitchen.*—They have automatic metal dishwashers. Found them clean and in good working order. Eight metal twelve steam heating cooking kettles, with metal range canopy over all cooking utensils. These we found very clean. They were cooking ham for dinner. They make their own ice cream with an automatic freezer, which they serve twice weekly. Kitchen ceiling needs painting. Sufficient ventilation and fresh air. They have four "keep hot food conveyor wagons" to deliver hot foods to the different wards, away from the main kitchen. These wagons are equipped with electric hot plates and when they reach the ward they are plugged in and the food is kept hot. In most wards they have a sub-kitchen and make their coffee there.

*Butcher shop.*—They have power saws for cutting the meats, a large walk-in cooler, kept at 33° temperature. Cooler was full of beef (good grade) and pork, fresh hams to be smoked, bacon, and ham, fresh-made lard. They raise their own hogs on their farm, having approximately 450 live hogs in the pens. The floor in the butcher shop was noticeably dirty. Pots and pans (washing room), ceilings were found very unclean at the air vent, walls need paint badly. Seventeen patients and 12 Army personnel detailed for helping in the kitchen. They have sufficient help.

*Vegetable storage room.*—They have an automatic potato peeler. Two men detailed in this room for preparing all the raw vegetables. After the potatoes are automatically peeled they are gone over by hand and all eyes and defects are removed. They had No. 1 potatoes stored, good carrots, celery, lettuce, turnips, rutabagas, onions; they carry a supply sufficient for a week or more on hand at all times. In season they raise all their own fresh vegetables. This room was in fairly good condition, except that one corner needs repair. There is a chilling room for storing the vegetables after they are prepared for cooking.

*Garbage room.*—Screened in, refuse kept in cans with lids. All cans containing food refuse. No good food was wasted.

*Fish room.*—Refrigerated and containing frozen codfish of a good grade. Room in good condition.

*Bake shop.*—Good condition and clean. Containing three electric ovens. Bakery washroom needs paint. Two regular bakers with two soldier helpers. Sufficient help at present. They do all their baking to supply the hospital. They were baking bread, cookies, cakes, and cornbread. We sampled everything and found it very appetizing. Around the water faucet the wall needed repair and paint (just a small space). They have automatic electric dough mixers.



*Butter storage room.*—Containing butter, cream, oleomargarine. Temperature 34°. Sufficient amount to last until June on hand. Room was very clean.

*Patrol personnel dining room.*—Table set with white tablecloths. Room very clean.

*Lock ward—patient dining room.*—Clean, white tablecloths on table. Seating capacity 6 to a table. This room seats 300 patients at one time. Serving table back splashboard was scratched due to trays damaging the plaster. Would not consider this a complaint. Unsanitary around the faucets (this condition prevails around all faucets). Would suggest they have metal or tile for the back splashboards, as the plaster wears away.

*Freezer locker (for frozen foods).*—This freezer locker is kept in the city, and not on the hospital grounds. They rent the locker space. Since they grow their own vegetables they freeze sufficient amount to carry them over the winter, and we were advised they still had in storage frozen peas, beans, lima beans, etc. They employ outside help and have many patients doing much of the farm work. This work is not compulsory with the patients. Some patients work only a few hours and then walk off the job. No disciplinary methods are used, and they are not compelled to work.

*Midday foods.*—Certain patients, upon recommendation from the doctors, are served malted milk, egg-nog, tomato juice, pineapple juice, and canned juices. These juices are not diluted. The doctor makes out the menu for all bed patients.

Report from Mrs. Caster and Miss ——— in the dietitian department employed at the hospital showed us around. When asked if they had any recommendations or suggestions to make for their departments they answered "No," only wished that the quarters could be enlarged. They answered all our questions gladly. A sick patient may request different foods than what is on the regular menu for the day. They endeavor to please the patients as much as possible. The patients can have a second helping. We were advised that very few patients make any complaints regarding the menu.

When a patient is ready to be discharged he is served meals any time between the regular meal hours, before leaving the hospital. They serve approximately 142 gallons of milk a day at present. Patients may have second helpings when there is no shortage of milk. Consideration is given to patients requiring more milk with their diet, and they receive all they want. Milk is delivered daily to the hospital, and is pasteurized, and not diluted.

*TB ward.*—Captain Dr. Jackson in charge. On this inspection date they had 15 TB patients, 3 of whom were in a serious condition. All were bed patients. The three seriously ill patients were in private rooms. In it is same ward 51 more patients who were only separated by a locked door. These 51 patients move about and are in a large recreation room a short distance from their sleeping ward. The beds in the sleeping ward were crowded with only about 16 to 18 inches space between. This bedroom is glassed in on three sides. This ward was clean. Some of these patients are chronic gonorrhoea and syphilitic. One patient was in the ward private room in a very bad condition as to cleanliness of body habits (no fault of the hospital personnel). Many of the other patients are in their bathrobes due to the fact they have no control over their bowels. The ward attendants are kept busy keeping them clean. This ward contains the most undesirable and hard-to-manage cases. We recommend that these TB patients be placed in a separate building away from this ward. Dr. Jackson agrees that the TB patients should not be adjacent to the other patients. The food is brought to these patients in a "keep hot conveyor wagon," as these patients never get out of the ward. The kitchen where this food is put on plates for these patients is the same food served on the regular menu. The food served these 15 TB patients is placed on trays in the ward kitchen and served to the patients by the attendants. When the trays and food are brought back to the kitchen they are washed and sterilized separately from the other patients' dishes, but it is very unsanitary, and a very serious condition exists. We vigorously protest this method and it should be changed immediately. Captain Jackson, the doctor in charge, agrees with us. However, the manager, Colonel Cullin, does not agree. We had a conversation with one of the patients whose name is Gilpatrick, he is a TB terminal bed patient. He advised he was well satisfied with the doctor, the nurses, and the attendants, who were very kind to him and all the patients at all times, and were very considerate. He was satisfied with the food and had no complaint to make. The dining room for these patients has six tables, seating capacity six to a table, with white tablecloths which were clean. Seven patients need nurses to feed them.



*Tub cases (bath).*—This room has five tubs, four of them occupied. One patient has been taking these tub baths for 2 years. He has lost one eye, before entering the hospital. One patient has taken these bath treatments 2 months, one patient 3 days, and the other had just entered the hospital this date and was placed in tub bath. There are 26 patients in this ward who are considered of the violent type. Their meals are served in the ward, as they cannot be trusted.

*Library.*—The lady attendant in charge answered all questions freely. Her only complaint was that the library should be enlarged. Everything was found in a tidy condition, with plenty of books. We spoke to 2 patients who were being discharged from the hospital and they had no complaints to make as to the food or discipline, nor recreation. They have a pool hall and show pictures twice daily. Wheel-chair patients are also allowed to attend. One patient whose name was McMenemy has been in the hospital 5 years because of a nervous condition (so he stated). His only complaint was that Dr. Cullin does not seem to have the ability for the management of the hospital.

*Canteen.*—They have plenty of cigarettes. Bed patients may purchase cigarettes by the carton. The canteen is privately operated. Popular brands of cigarettes sell for 16 cents, other brands 14 cents. They serve all types of pop at 5 cents, have 5-cent candy bars, serve malted milks, hot coffee, and chocolate, at popular prices. They also handle shave lotions, a small line of drugs, razor blades, and other notions. This manager of the canteen was reluctant to answer questions for fear he might lose the concession, and would only state that the hospital staff and the management lacked cooperation.

*Recreation.*—At the hospital they have a dance once a week, conducted by the ladies' auxiliary of the various veteran organizations. Selected patients from the various wards are allowed to attend the dance. They have a large enclosed recreation room for the winter months during bad weather, consisting of tennis, basketball, and other types of games.

*Food costs.*—Raw foods, \$0.491; cooked foods, \$0.756; substitutions, nil.

The parole patients' meal hours are: breakfast, 7 a. m.; dinner, 11:45 a. m.; supper, 5:15 p. m.

Closed wards: breakfast, 7 a. m.; dinner, 12 m.; supper, 5 p. m.

Certain patients and bed patients are served meals in between these hours, if prescribed by the doctor in charge.

We recommend a medical director should be sent to this hospital to further investigate the manager and the medical staff, also the clinical staff; to insist that more cooperation be had between them.

We further recommend that this medical director contact our three service officers, one from the American Legion, Veterans of Foreign Wars, and the Disabled American Veterans.

Attached is a copy of the menu for the past year, taken at random.

Respectfully submitted by:

GEORGE J. SMITH.

State Commander, Department of Washington,  
Disabled American Veterans.

#### RECREATION PROGRAM FOR WEEK BEGINNING APRIL 9, 1945

##### Monday, April 9:

- 4:30 p. m. Baseball practice.
- 5:45 p. m. Fishing. Parole patients.
- 6:00 p. m. Exercise hall open for personnel only.
- 6:00 p. m. Recreation building open for parole patients.
- 7:00 p. m. Band practice, auditorium.

##### Tuesday, April 10:

- 1:15 p. m. Bowling league game. Building 4 versus Ward 61B.
- 1:45 p. m. Bowling league game. Building 6 versus Ward 61C.
- 2:30 p. m. Reading hour, Building 5.
- 3:45 p. m. Baseball game. Junior Veterans versus Roy High School.
- 8:00 p. m. Patients' dance, auditorium. Sponsored by State department, Disabled American Veterans' Auxiliary.

##### Wednesday, April 11:

- 1:10 and 7:10 p. m. Motion pictures. Feature: Lake Placid Serenade, starring Vera Ralston and William Frawley. Short subject; newsreel.

## RECREATION PROGRAM FOR WEEK BEGINNING APRIL 9, 1945—continued

## Thursday, April 12:

- 1:15 p. m. Bowling league game. Ward 2B versus Building 7.  
 1:30 p. m. Special motion-picture show (16 mm. films). Program arranged by Mr. H. J. Bradley, Tacoma.  
 1:45 p. m. Bowling league game. Ward 2C versus Ward 61B.  
 2:30 p. m. Reading hours, building 5.  
 4:30 p. m. Baseball practice.  
 6:00 p. m. Recreation building open for parole patients.  
 7:00 p. m. Band practice, auditorium.  
 7:30 p. m. Questions and answers, library.

## Friday, April 13:

- 1:10 and 7:10 p. m. Motion pictures. Feature: Tonight and Every Night, starring Rita Hayworth and Lee Bowman. Short subject: Aqua Maids.  
 6:00 p. m. Exercise hall open for women personnel only.

## Saturday, April 14:

- 6:00 p. m. Recreation building open for parole patients.

## Sunday, April 15:

- 8:00 a. m. Catholic service, auditorium. Conducted by Rev. Gabriel Donohue, chaplain.  
 1:10 and 7:10 p. m. Motion pictures. Feature: She Gets Her Man, starring Joan Davis and William Gargan. Short subject: Five Star bowlers.  
 3:15 p. m. Protestant service, auditorium. Conducted by Rev. J. J. Ellington, chaplain. Building 7, ward 2B, and parole patients.

*Bowling league standings*

Team	Won	Lost	Percent	Team	Won	Lost	Percent
61C-----	6	0	1.000	2B-----	2	3	0.400
6-----	4	2	.667	2C-----	2	4	.334
61B-----	3	3	.500	61A-----	2	4	.334
4-----	3	3	.500	7-----	1	5	.145

DISABLED AMERICAN VETERANS,  
 DEPARTMENT OF WASHINGTON,  
*April 20, 1945.*

ITINERARY AND ARRANGEMENTS FOR INVESTIGATION OF VETERANS' HOSPITALS,  
 WALLA WALLA HOSPITAL, APRIL 17 AND 18, 1945 (TB)

Investigators of patients and dietetics: K. Klemmetson, department service officer, American Legion; Elton Alexander, department adjutant, VFW; George G. Smith, department commander, DAV.

Our investigation started at 9 a. m., April 17, and ended at 4 p. m., April 18.

*Library.*—Clean and tidy; sufficient books. We recommend more space.

*Canteen.*—Operated by the Army personnel. All popular brands of cigarettes handed, prices 13 cents, no limit. Candy, popular brands, no limit. Serve hot sandwiches, coffee, pop, etc. Low prices on all items.

*Recreation.*—Large auditorium, hardwood floors, waxed and polished. Easy chairs. Ample space. Very good condition. Large stage, have motion pictures.

*Kitchen.*—Automatic electric steam dishwashers. Kitchen very clean. Dining room, 10 tables with white tablecloths, seating capacity 12 persons per table. Floors tidy and clean and in good condition. They separate TB dining room from general dining room. Kitchen is all-electric, large and airy, plenty of light. No TB patients help in the food kitchens. In need of some new pans to keep the food hot, to be used for conveying foods to wards. In need of a new mop wagon. Adjoining kitchens are refrigerator cooling rooms and prechilling rooms. Found no wasted foods. In refrigerator room found the metal shelves with decayed food and grease in between the bar shelving. Very unsanitary. They grind their own coffee. The chief dietitian should inspect these shelves more frequently.

*Bakery.*—One baker with helper. Baker employed 23 years, the helper 21 years. They need one more baker. Floors, walls, and dough-mixing equipment needed

washing and repainting. The head baker admitted this condition but stated he was too busy to keep things clean. He has asked for additional help, but of no avail. They have sufficient equipment in the bake shop. They have no sharp freezing room to store the frozen foods in, so for that reason very little frozen foods are served, mostly canned foods, except fresh seasonable fruits and vegetables. In the egg and milk storage refrigerator room we found shelves with contaminated food on the shelves. Needs painting.

*Vegetable room.*—Ample vegetables on hand. Room was clean and tidy. Three men were peeling potatoes, as the potato peeler needs repairs, but they were unable to secure the parts. Have been doing this work by hand for over a month. This entails more help and is a waste in the peeling.

*Garbage room.*—Refrigerated satisfactorily. Garbage cans should have lids on them.

*Storeroom.*—Ample canned goods and flour. Canned goods consist of pineapple, peaches, prunes in sufficient amount to last until July. Found flour sacks with mouse-eaten holes in them, and a lot of mice pellets on the sacks. We found mouse traps set, but we are told there still were a lot of mice.

*Butcher shop.*—Meat of good grade. Refrigerator and cutting room very clean.

Hospital has five subkitchens to serve from to the TB ward patients. They try to serve the food hot to the patients by this method, but we found the food quite cool and with many complaints from the patients in the TB wards, stating that the foods were served cold. Foods are delivered to these subkitchens from the main kitchen in heated conveyor wagons. Coffee is made in these subkitchens. Patients have sufficient amount of food. They have three diets—a regular diet, soft diet, and liquid diet. They serve pure juices, eggs, and cream (served to certain patients).

*General information and recommendations.*—This hospital is in need of a sharp-freezing room. At present, when they purchase frozen poultry they have to store them at the McCaw Hospital, which is 2 blocks away. The chief dietitian and the head dietitian were not present on our visit the first day; on the second day the head dietitian was present. The staff dietitian was present both days. The chief dietitian was ill, which accounts for absence. We heard complaints from all quarters and departments throughout the hospital that they would like to have the chief and head dietitian replaced. The staff dietitian has been there since January 1, 1945; she is young and was very highly commended by everyone at the hospital. She is well liked and works very hard to please all the patients. She goes out of her way on many occasions to please the bed patients in the wards. We find that the three dietitians are not sufficient help for this hospital, and recommend that two additional dietitians be placed on the staff. The occupational-therapy room should have better lighting and larger quarters. The hospital manager should have authority to purchase equipment and supplies without having to go through the red-tape-delay methods. By not having sufficient authority and priority, the manager is unable to purchase poultry and other types of foods unobtainable, and for that reason they do not serve chicken or certain foods as much as they would like to. They serve fried steak, we were told, about once a month. Frozen foods are only served once in a while; in fact, only three times all winter, and that was frozen peas only. The head dietitian stated she is unable to purchase frozen foods, as they are not obtainable. When she can make a purchase, she has no facilities to store the frozen foods in large amounts. The personnel who work under the dietitians are not in accord with the two head dietitians. The Army personnel working here with the dietitian total 21. One in the vegetable room; 6 in the main dining room, who also do the dishwashing; 14 are detailed in the various wards helping the civilian personnel. The civilian personnel working under the dietitian total 29.

*Reports from the dietitians.*—Chief dietitian has been here 4½ years. She makes the menu, buys the foods, inspects them, and is general superintendent of all help in that department. The head dietitian assists the chief dietitian, is quite an elderly lady, and has been here 2½ years. When asked if she inspected the food before and after cooking her answer was, "Yes, if they found time." They also inspect the foods at the wards as to whether they are hot, when they have time. When serving roasts they start slicing the meat around 9:30 a. m. to have it ready by 11 a. m., at which time the foods are conveyed in heated wagons to the various wards, so they can start to serve the food by 11:30 a. m. It may be that the food being cooked and prepared so early before serving time is the solution as to why the foods are cool and distasteful.



In several wards food was served on trays and the attendant would deliver them immediately to the bed patients so the food could be served hot. Even with this precaution foods are still being served cool, and the patients make complaints. The subkitchens and the wards are too far distant from the main kitchen. Too much time is elapsed before the food reaches the patient.

We found that the Army and civilian personnel do not work together satisfactorily, as the civilians leave much more of the work to the Army personnel.

We find the reason the patients leave the hospital too early and against doctors' recommendations is domestic affairs.

Out-patient examinations made from January 1 through March 31 were 305. Examinations scheduled for the first 18 days of April are 183. Request patients to be examined April 1 to April 18 are 55. Request patients received, 50.

The manager of this hospital, Dr. Beatty, is well liked by the patients and the hospital personnel. He is trying to do a good job, but on many occasions he lacks authority. We recommend that he be given more authority without having to write to the central office for permission and authority to do and carry out small petty duties.

Respectfully submitted by—

GEORGE J. SMITH,

*State Commander, Department of Washington, Disabled American Veterans.*

HOSPITAL INVESTIGATION AT VETERANS' ADMINISTRATION HOSPITAL, WALLA WALLA,  
WASH., APRIL 17 AND 18, 1945

MILTON D. COHN,

*National Commander, Disabled American Veterans,  
Cincinnati, Ohio.*

Report of your committee, who were George J. Smith, department commander, State of Washington, and Perry E. Dye, national service officer, Seattle, Wash.:

This report is on the Veterans' Administration facility, Walla Walla, Wash., which is a pulmonary and tuberculosis hospital.

This report is answered in numerical order as follows:

1. Answer. No. Medical treatment and hospital care is quite sufficient.
2. Answer. Yes.
3. Answer. Much better. Management is alert and efficient. The medical staff above average with excellent attitude and interest.
4. Answer. No.
5. Answer. Yes. Restrictions with respect to upgrading of personnel is a definite handicap. Also the red tape and restrictions in the matter of purchase of needed equipment and materials is a handicap.
6. Answer. No. Could not get nurse cadets because the facility had no proper quarters for them. Facility manager is not authorized to employ personnel on station.
7. Answer. No. Because the uncertainty of stay at a station and frequent transfer, staff doctors and other professional people cannot keep up membership in the American College of Surgeons and other professional connections that are helpful in advancing ability. Army, Navy, and Public Health Service have protective coverage in this matter. Official leaves to attend clinical meetings, symposiums, medical lectures, classes, etc., are not encouraged.
8. Answer. This was the major complaint of the patients at this facility. The food is not properly prepared, is served cold and unpalatable to the bed patients. The chief dietician is very elderly and physically unable to attend the duties of her position. She does not take advantage of seasonal open-market products, is physically unable to supervise the preparation of the food and proper delivery to bed patients. Her first assistant is also lacking in workmanship, executive, and interest ability. Daily menus are unattractive both in variety, color, and preparation. This is a situation that should be definitely corrected at this facility. The Army detachment is furnishing a lot of good help in the kitchen but are definitely handicapped by the inefficiency of the dietician and her failure to cooperate in the work to be done. The Army is interested and wants to correct the situation.

9. Answer. No.

10. Answer. No. The only recreational facilities available to patients in the wards and nonambulant patients are isolated contacts by veterans' organizations, and their auxiliaries, clubs, Gray Ladies, etc. Ward moving pictures would help a great deal.

11. Answer. Yes. Canteen is being conducted by the Army under the post-exchange program. Stock is good, prices right, and canteen bed service to the bed patients is ample. This situation should be considered in every facility where there is a military detachment.

12. Answer. No. X-ray equipment is old and obsolete. Arrangements for use is poor. Need further surgical instruments and equipment.

13. Answer. Yes; and satisfactory.

14. Answer. Patients have complained. However, because of limited beds, we believe that complaint is not justified.

15. Answer. Grounds are cared for well. Old antiquated buildings are as good as can be expected. Refrigeration quarters, garbage containers, etc., need closer supervision, painting, and cleaning.

16. Answer. Yes. Overcrowded conditions and in buildings that were never intended for tuberculosis patients' quarters.

17. Answer. Yes.

18. Answer. Veterans' organization contacts could be strengthened and intensified. Veterans' Administration contact representative needs stenographic help and further training.

19. Answer. Favorable but below ration standards.

20. Answer. Yes in the infirmary building; other wards in cavalry barracks are large enough but unsuitable for patients.

21. Answer. Good, except in dietetic division; not proper cooperation between the dietetic division and the military personnel. See previous notes on weakness of dietitian and rest of staff.

22. Answer. New construction of 500 beds. Old and antiquated buildings to be used for shops, storage, and possibly personnel quarters. They are definitely needed.

23. Answer. Twenty percent. Homesick because of not being allowed visitations at home before being hospitalized from the time they leave service. Also reduction of pensions in the case of single patients has an effect.

(NOTE.—Entire medical staff are sympathetic and in every case where possible the patient is given a reasonable home visit with instruction as to care, etc. Majority of patients return with higher morale and stay for proper treatment.)

24. Answer. Yes. Trained Wacs could be used as technicians and for many other duties which would relieve nurses for other more important duties.

25. Answer. An appreciable number. Could not be determined.

26. Answer. Yes. Both to patients and relatives. Recommend that there be follow-up nursing service to patients and families in every case.

27. Answer. (a) Immediate new construction to eliminate use of antiquated barracks which have definite fire hazards and are not conducive to light, cheer, and proper morale treatment of patients.

(b) New ward diet-kitchen equipment to insure food being served hot and palatable. Also that there be a definite improvement in the dietetic staff and personnel.

(c) Greatest handicap to better care and consideration of patients is the absolute elimination of out-patient examinations at this facility and for rating. Out-patient examinations done at this facility for rating purposes from January 1 to March 31, 1945 were 305; examinations scheduled for the month of April 1945 were 183; requests for out-patient examinations from April 10 to April 18, 1945 were 50. These facts are positive proof that out-patient examinations should not be made at such facilities but at regional facilities with proper clinical force as the already overloaded doctors in the field hospitals can do nothing but neglect patients if they are to be called upon to make so many out-patient examinations.

(d) Recommend that agent cashier be made financial agent for all patients in the matter of cashing checks and so forth.

(e) Recommend establishment of sub post office at this facility.

(f) Recommend that some arrangement or construction can be made for a hostess house or at least quarters for relatives of seriously sick patients and terminal cases be established.

GEO. J. SMITH,

*Department Commander, State of Washington.*

PERRY E. DYE,

*National Service Officer.*

UNITED STATES VETERANS' ADMINISTRATION, HUNTINGTON, W. VA.. GENERAL  
MEDICAL AND SURGICAL, 266 BEDS)

This facility serves Ohio, West Virginia, and Kentucky, composing 85 counties, and is situated 5 miles from downtown Huntington. The station contains 323 acres of land and 20 buildings. Transportation facilities could be improved upon. This facility can be reached by bus in 20 minutes over winding highway.

REGIONAL OFFICE

*Administration*

The following remedial are submitted herewith:

1. Separate the regional office from the facility, establishing it in Huntington or Charleston, or
2. Commence the immediate construction of a building at the present station that will have adequate space for the expansion of the regional office, which is very necessary now.

Establishing a branch office with examination and adjudication facilities in the northern part of the State, so it will not be necessary for State service officers to depend on other State service officers for information or to make trips to Pennsylvania to examine records of these veterans living in this area, as is being done at the present time.

Recommends at this same branch office a rating board that the veterans whose cases are presented and that the veterans in question could have the opportunity of appearing before said rating board.

The entire staff of this regional office are kindly, sympathetic men, anxious and willing to assist the veterans in all their problems. Being human, they may make mistakes, but they will endeavor to correct them when and if called to their attention.

*Contact*

Space and personnel adequate and accessible. Eight representatives assigned to this office; six at the facility; one at Newton Baker Hospital at Martinsburg, W. Va.; and one at Ashford General Hospital at White Sulphur Springs.

*Adjudication service*

Adjudication division is using the basement of the recreational building. This, however, seems inadequate and should be remedied. There are two rating boards at this station composed of three men each, all of whom are men with efficient experience and proper attitude toward the rights of the veterans.

*Legal guardianship*

The regional attorney tries cases in the court if and when necessary, representing the veterans or their beneficiary. All accounts are checked regularly each year, and investigation made immediately when and if a complaint is made by a veteran or his beneficiary.

Social surveys are made yearly to determine the needs and requirements. The personnel of this department is adequate and the attitude excellent.

*Rehabilitation*

In this office seven-hundred-odd veterans have applied for vocational training; only 258 have been approved. One of the chief reasons for the small number of approvals is that after the veteran makes an application for said training, he does not answer correspondence, nor will he present himself for an interview.

Reasons for this attitude on the part of the veteran—one, he has probably found a position that will pay him more than he would receive under vocational training and this is satisfactory. Another reason, these veterans have only limited education and do not understand this program and they are fearful of losing their pension, and they think this program requires going back to school.

Upon proper study of this situation by the central office if they find the above conditions as I see them, it is possible that these veterans could be urged to rehabilitate themselves by a field representative contacting them in person, explaining to them in simple language and in a persuasive way, their rights and benefits under this training program.

*Hospital*

According to the statistical report, the official capacity is 321 beds, emergency 460, which is true; but because of the shortage of nurses and attendants, general medical building No. 1 is the only one in use for patients at this time, and this



building has only an official capacity of 209 with an emergency capacity of 295. The patient load at this date is 266. The distressing part at this time is that there are in the counties that this facility serves 75 veterans waiting for hospitalization. Central office should be advised of this condition and additional nurses and attendants be assigned this facility at once. The part of the facility that is now in use has an excellent staff and an excellent spirit of cooperation exists in all departments.

#### *Ward service*

Attendants' attitude toward the patients is good. The morale is high and they seem well satisfied with their work. However, 49 attendants are authorized—37 positions filled, with 12 unfilled.

#### *Dietetic service*

This service is very satisfactory—the food well served, well cooked, and in a sufficient quantity. No complaints were heard neither in the dining room nor in the wards. The chief dietitian, Miss Killen, visits the ward while meals are served and tries in every way to give the veterans hospitalized here good dietetic service.

#### *Utility service*

Building and grounds are in good repair. Laundry and fire-protection services are adequate with the exceptions noted below.

The ambulance is a 1931 model, the top leaks and in need of general repair. Since it is subject to call at all hours it seems impossible to do without this service for sufficient time for the needed repairs. Urge that, if and when available a used Army ambulance be sent to this station before this vehicle breaks down on the road with some critically ill patient.

With the limited amount of personnel in the laundry central office should obtain a large extractor from some of the dismantled Army equipment and send to this station as the two small extractors now in use are not sufficient to adequately render proper service.

#### *Recreation and amusement*

The recreational aide at this station is doing a good job with the facilities at her command. Two movie shows each week, one bingo party, with prizes donated by the Red Cross and service organizations. In the lobby of the theater tables are set up for checkers and cards. Grounds for croquet and horse-shoe pitching are provided when weather permits. This may be sufficient for World War I veterans, but for the World War II men hospitalized here, this service is inadequate for these younger men. All of the building which was erected for the sole purpose of recreation and amusement should be able to be utilized for this service.

#### *Canteen service*

The canteen is well equipped and well stocked and much better service is rendered here than in places serving the same price meals on the outside. Mr. Clendenin, a disabled World War I veteran, has the concession and serves a very nice lunch for 35 cents. The canteen is well patronized by the patients and many can be seen here during many hours of the day.

I appreciate very much the courtesies shown me by Manager H. G. Hooks; Chief Medical Officer Dr. P. R. Copeland, and the entire staff during my visit.

DR. P. E. KERCHEVAL,  
Department Commander.

#### RECOMMENDATIONS

1. Increase in space for regional office activities, because of the fact that the adjudication division is now using the basement of the recreational building, which deprives veterans of these facilities is ample reason for this recommendation receiving immediate, favorable consideration.

2. Additional nurses and attendants must be assigned to this facility—as there are 75 veterans waiting hospitalization at the present time. The need is urgent for this increase of personnel.

3. A new ambulance and a new extractor for this station, because the ambulance now in use is in very bad shape and because the time required for such repairs would be of long duration so that it is not feasible to have repairs made. One large extractor in the laundry or an additional small one would allow the laundry department to render more efficient service with the personnel that is assigned this work.

4. Funds be made available for additional recreational purposes, as previously stated. I feel that more attention should be paid to this program and funds for additional games and facilities should be appropriated.

5. Examining board and rating board for northern part of State in lieu of traveling to Pittsburgh, Pa., as veterans are required to do at this time. Likewise give each veteran opportunity to appear in person before rating board. Veterans having 10 to 30 percent disabilities so rated for injuries received in World War II are very much dissatisfied since large percentage of these have been reduced in rating or cut off completely.

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REPORT OF VISIT OF DR. P. E. KERCHEVAL, DEPARTMENT COMMANDER, KINGWOOD, W. VA.

Agency visited: Veterans' Administration facility, Huntington, W. Va.

Date of visit: May 26, 1945.

Copies sent to: Maj. W. E. Nefflen, Stanley C. Morris, W. Guy Wiles, Mrs. B. D. Ward, C. E. Booth, C. A. Tesch, National Commander Scheiberling. Field secretaries: Jack Oakey, director; G. E. Heller.

Station: Huntington 1, W. Va.

Type of facility: Combined general medical and surgical.

Manager: H. G. Hooks.

Chief medical officer: Dr. P. R. Copeland.

Hospital positions: Doctors, 21; 4 needed at facility, 2 for proposed examining board in northern part of State; positions filled, 15; vacancies, 6. Nurses, 36; filled, 29; vacancies, 7. Hospital attendants, 49; filled, 37; vacancies, 12. Dietitians, 2; filled, 2; vacancies, 0. Mess attendants, 29; filled, 29; vacancies, 0.

Official capacity, 321. (See note below.)

Emergency capacity, 460. (See note below.)

Patient load this date, 266.

NOTE.—General medical building No. 1 is only one in use for patients at this time. It has an official bed capacity of 209 and an emergency bed capacity of 295.

Manager: H. G. Hooks.

Adjudication officer: E. G. Mick.

Number authorization officers, 3.

Chief medical officer: Dr. P. R. Copeland.

Number rating boards, 2.

Number Adjudicators, 7.

Total case load, 28,711; active files, 9,332.

World War I service-connected: Allowed, 3,111; denied, 3,407; pending, 70.

World War II service-connected: Allowed, 4,866; denied, 2,522; pending, 668. Peacetime allowed, 379. Nonservice pension allowed, 976.

Vocational rehabilitation officer: A. E. Donnett (plus three subdivision chiefs).

Number vocational advisers, 2; number training officers, 3.

Number of cases with vocational handicap, 1,789; number applied for training, 704; number approved for training, 258; number in training, 148; in education, 72.

Chief attorney: E. L. Moseley; number of assistants, 1.

Number of field examiners, 2; number of examiners of accounts, 1.

Number of incompetent veterans with fiduciaries, 444; without fiduciaries, 2; number of minors with fiduciaries, 302; number of minors with custodians, 103.

Chief of contact: Shelby A. Bailey; number of contact representatives, 8; number of medical examinations for rating purposes, 2,507; pending, 1,204.

Number of out-patient treatment requests (monthly), 468 for January 1945.

Eligibility clerk: Betty A. Hobgood.

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VETERANS OF FOREIGN WARS OF THE UNITED STATES,  
NATIONAL REHABILITATION SERVICE,  
Washington 5, D. C.

WEST VIRGINIA (ONE HOSPITAL)

Huntington Facility, Huntington: General hospital, 266 beds.

Complaints: Overcrowded; shortage of doctors, nurses, and attendants; inadequate transportation.

Recommendations: Improvement of transportation facilities, increase in staff and personnel; additional construction.

VETERANS OF FOREIGN WARS OF THE UNITED STATES,  
DEPARTMENT OF WEST VIRGINIA,

April 10, 1945.

JEAN A. BRUNNER,

*Commander in Chief, Veterans of Foreign Wars of the United States,  
Care of Casey M. Jones, National Service Officer, VFW,**Washington 5, D. C.*

DEAR COMRADE BRUNNER: The following is my report to you regarding the veterans' hospital at Huntington, W. Va. These answers correspond with the list of questions you mailed me which are attached.

1. Answer. The World War II paralytic cases contend that they are not getting proper treatment because of the fact that the Huntington Hospital is a general hospital, whereas their cases call for special care and equipment not available.

2. Answer. No action other than requests for more trained personnel.

3. Answer. I am in no position to report on the relative standards of treatment in the veterans' hospital at Huntington in comparison with State, county, and municipal institutions in this area and I doubt very much if the directors of the local hospitals would know or cooperate in supplying this information.

4. Answer. Yes.

5. Answer. More of the clerical work of the physicians and nurses should be performed by clerical personnel. Several of the doctors told me that they could devote much more time to the patients if so much of their time was not taken up with the writing of reports.

6. Answer. Doctors are recruited by central office. Management has sufficient authority to recruit nurses and attendants; however, there are not enough available nurses, and the attendants' pay is so small it is a wonder to me they keep any of the men attendants.

7. Answer. No research as to clinical meetings; the majority of the doctors attend monthly meetings of the Cabell County Medical Society and participate in discussions. No medical lecture courses available in this locality.

8. Answer. None.

9. Answer. No.

10. Answer. Yes.

11. From a civilian standpoint, yes, but the veteran patient doesn't like the idea of being charged 17 cents for a pack of cigarettes. The prices charged at the canteen are the same as any down-town Huntington store.

12. Answer. Medical equipment adequate to meet present needs. New construction is now under consideration to make satisfactory clinical arrangements.

13. Answer. This can be determined only by a physician studying each clinical record. Periods of hospitalization are longer than in a private hospital because complete examinations are necessary and patients must be held until they have received all tests and their case diagnosed and treatment received.

14. Answer. Due to routine most patients think so.

15. Answer. Buildings clean and grounds well kept.

16. Answer. Yes.

17. Answer. There is no local bus service available after the last bus leaves for downtown Huntington at 7:10 p. m. More bus service is needed both in the morning and at night. (See enclosed schedule.)

18. Answer. Yes.

19. Answer. One nurse and one attendant is assigned to 3 wards and 20 rooms or approximately 80 to 100 patients to care for during the night. The patients able to be about help, but proper care cannot be given by one nurse.

20. Answer. The patients are too crowded, and this condition is growing worse by the day.

21. Answer. Average.

22. Answer. Should be increased to meet present need for medical care and for future needs.

23. Answer. During the period September 1, 1944, to February 28, 1945, inclusive, 1,839 patients were admitted to this hospital. During this period 80 patients, or 4.35 percent, were discharged against medical advice. Clinical records show reasons for leaving the hospital. These records should be at the disposal of veteran service officers.

24. Answer. Yes. Arrangements have been made to assign Red Cross nurses' aides, beginning April 2, 1945. However, this is volunteer work, and if the load is too heavy, they do not have to serve. The aides are doing a grand job at our local hospitals.



25. Answer. The management and chief medical officer report that they never have had this reason given by any patient.

26. Answer. I have never heard such a complaint about this hospital, but know of one case in particular from Aspinwall.

27. Answer. (a) New construction started immediately. I understand that the new construction plans are now being held up in Washington for some unknown reason. (b) Better bus schedule. (c) Cigarettes should be tax free. (d) More nurses, aides, and Wacs and doctors if needed. (e) More attendants or orderlies. (f) Our service officer should make a written report monthly to our department commander regarding conditions and make recommendations. (g) Eliminate the pauper sheet that a veteran must sign when he enters the hospital.

This report is unbiased and conditions are as I found them from asking questions and personal observation.

Yours in comradeship,

FRANCIS A. MCINTIRE,  
Commander, Department of West Virginia.

THE AMERICAN LEGION,  
DEPARTMENT OF WISCONSIN,  
WOOD, WIS., May 15, 1945.

EDWARD SCHEIDERLING,

National Commander, the American Legion, Washington 6, D. C.

MY DEAR COMMANDER: I am herewith attaching a report on the Mendota Veterans' Administration facility.

This is a small hospital, recently converted into a hospital for treatment and diagnosis. Until the present time the staff there has had an overload of examinations for out-patient relief.

We called this to the attention of central office through T. O. Kraabel, and examiners are being appointed at Madison (a city of 70,000). The criticism here is that a city of that size was without a designated examiner.

If the staff had only the patients to care for, it would be O. K.; as it is, they are making examinations for a large territory around Madison for claims purposes.

Men object to going to Mendota facility because it is immediately adjacent to the State hospital for the insane. "Mendota" in Wisconsin means insane asylum. The name of the facility should be changed. This has been called to their attention previously many times.

One other hospital in Wisconsin just opened—namely, Waukesha, with 294 beds, a TB hospital; 45 patients are there at this date. No report will be forwarded on this hospital unless you desire it at this time.

Yours very truly,

J. F. BURNS,  
Department Service Officer.

#### QUESTIONS TO BE ANSWERED AS TO EACH VETERANS' HOSPITAL

Name of hospital: Veterans' facility, Mendota, Wis. (Neuropsychiatric, 276 beds.)

1. Answer. No.
2. Answer. Does not apply.
3. Answer. Good.
4. Answer. No.
5. Answer. Yes, same as report on Wood.
6. Answer. Further report will be made if anything can be developed.
7. Answer. Yes.
8. Answer. None.
9. Answer. None.
10. Answer. Yes; bowling, baseball, library, etc.
11. Answer. Yes.
12. Answer. Yes.
13. Answer. O. K.
14. Answer. O. K.
15. Answer. O. K.
16. Answer. Yes.

## QUESTIONS TO BE ANSWERED AS TO EACH VETERANS' HOSPITAL—Continued

17. Answer. Approximately 8 miles from Madison (railway station). Bus service to hospital daytime.  
 18. Answer. Not sufficient.  
 19. Answer. O. K.  
 20. Answer. Changes—recently made into diagnostic center. Patients are crowded beyond prewar situation.  
 21. Answer. O. K.  
 22. Answer. Taken care of by Tomah for NP. This is a State-owned institution.  
 23. Answer. Very few.  
 24. Answer. No problem.  
 25. Answer. Not prepared to answer this, if for NP hospital.  
 26. Answer. NP hospital—we have had no complaints.  
 27. Answer. See previous report on Wood.

THE AMERICAN LEGION,  
 DEPARTMENT OF WISCONSIN,  
 Wood, Wis., April 17, 1945.

EDWARD SCHEIBERLING,

*National Commander, the American Legion,  
 Washington, D. C.*

MY DEAR COMMANDER: I am herewith attaching a report covering the Veterans' Administration at Wood, Wis., which is a combined facility.

The hospital section consists of a tubercular section, general medical and surgical, and a small holding ward for neuropsychiatric cases. In addition, there are approximately 1,800 beds for domiciliary care.

In our opinion, the gap between hospital care and domiciliary care is too marked. There should be a section in between; that is, convalescent wards. This would save the time of physicians and nurses. Many do not need constant medical care. If kept on treatment wards, they occupy the time of personnel.

We desire to stress the immediate need for additional clerical help to be assigned to the medical section to relieve ward doctors who are presently required to do a lot of clerical work.

This item has repeatedly been called to the attention of central office by field secretaries, national convention action, etc., in the past, hence that office is entirely responsible.

Should any item in this report be inadequate or not sufficiently explanatory we, of course, will be very pleased to develop it further.

Yours very truly,

W. R. KENNEY, *Department Commander.*

JAMES F. BURNS.

This was discussed with the department rehabilitation committee, who concurred with the attached findings.

## ANSWERS TO LIST OF QUESTIONS

Name of hospital: Veterans' facility.

Address: Milwaukee (post office Wood), Wis. (general medical and surgical, 1,403 beds.

1. Answer. Yes.

(1) Too long to diagnose.

(2) Too long a lapse after the man is transferred from a service hospital before actual treatment is started.

(3) Too long a wait for reports on X-ray, etc. Examinations are spread out too much instead of cleaning up one case. There is a shortage of drugs at times due to the supply system. The hospital should have its own supply and requisition system with full authority to purchase supplies. At times drugs will not supply hospital because the person in charge would not secure or purchase them, claiming he had to wait until the next requisition period. Change in personnel or method is necessary. Shortage in laboratory personnel, social service. This has been true for years—not due to war.

2. Answer. Remedial action has been taken in some cases. The chief medical officer and clinical director try to cooperate in every way. Do not receive cooperation from central office in solving problems. Barred by regulations set up by central office.

3. Answer. Standards of treatment—outside of delay due to lack of help and personnel compares favorably; ahead in treatment on some types of disease, behind in others.

4. Answer. The chief medical officer and clinical director do not have enough authority. This is their opinion and also my opinion. The manager should have nothing to do with the hospital at a combined facility. Medical section has interference from lay personnel in a combined facility. Hospitals should operate as hospitals and not as facilities. Ranks of civilian employees at combined facilities should be eliminated. Various department heads have ranks of major, captain, etc. This makes for a military set-up (not referring to physicians with Army rank).

5. Answer. They feel that they cannot use common sense as a guide; that every hospital is different—requires a different approach for reasons of climate, class of veterans serviced, etc. Ruled by regulation rather than by common sense.

6. Answer. No provision is made for emergency help—civil-service register is not elastic enough for temporary emergency. Partially disabled persons often kept from jobs.

7. Answer. Lectures, research, etc.—we are in a position to hear many lectures, conferences, etc., as our service office is next to the theater where they are held weekly. Not enough contact with outside medical men. Believe present personnel is endeavoring to carry on an educational program.

8. Answer. Food—no definite complaints. We check it regularly, as well as by questioning patients. Outside of isolated complaints, there are none. None has come to my attention for the past 3 months. Those on the TB wards whose appetite is off are hard to please and some just pick at food. I don't know what could be done to care for this class. Food no problem at Wood.

9. Answer. There have been cases where there has been neglect (treatment not started), but none of abuse has come to our attention.

10. Answer. Recreational facilities: Not sufficient. About all that has been supplied is movies two times per week and shows, mostly night club acts from plays currently showing in downtown Milwaukee. No provisions are made for any games or competitive sports or games. No morale is built up or morale in wards, and so forth. The recreational director is not a veteran.

(1) No recreation hall. Have a movie theater with a stage and dressing rooms. No other place for patients congregating. General theater on grounds used mostly by the domiciliary patients and veterans in the annex (mostly long-time chronic disease cases). Recreational hall for that side of the facility.

(2) Have a well-stocked library.

(3) No pool or billiard tables in the general hospital. No games. Much space devoted to sunrooms in the TB section has been converted to bed space. Outside games not provided.

(4) Bedside radio is not satisfactory—overloaded. The programs are not satisfactory; too little supervision. The patients' desires not taken into consideration. This has been protested on a number of occasions.

(5) Recreation needs a lot of attention here—no Sunday entertainment. Air conditioning needed in the theater.

11. Answer. Canteen service: Not satisfactory.

(1) Too small.

(2) Charges as much as in any retail store.

(3) Run by concessionaire—should be run by the Government.

(4) Management here attempted to get other persons to bid on same without success.

(5) Very little, if any, stock carried. (This is operated in conjunction with store and restaurant on grounds and is on the same contract.)

(6) Cigars are all brands for which big prices are charged. Seventeen cents is charged for cigarettes—only a few brands of candy bars are on sale. Nothing to compare with any drug store in Milwaukee. No meals served: coffee, sandwiches, pie. People visiting relatives in hospital, visitors, employees cannot get a hot meal of any kind. Prices on food are O. K. Very poor ice cream, no soda fountain, no malted milk. They apparently have no priority on candy, gum, cigarettes, and so forth. Veterans' Administration method of selling cigarettes to patients not satisfactory: men required to have exact change, 17 cents, puts the burden on the auxiliary supplying change.



12. Answer. Medical equipment and clinical arrangements: The clinical arrangements are poor. Central office to blame for this. Three years ago asked to convert W wing to clinical and out-patient. All they did was draw blue-prints. X-ray, therapy, and so forth, are scattered.

(1) Therapy—not equipped, no devices for exercise, only physiotherapy and hydrotherapy. This needs a complete overhauling and added equipment. Not sufficiently modern X-ray. Poor lighting; not sufficient space.

13. Answer. Periods of hospitalization too long. Not enough physicians to clear up the case. Too long a time spent on examinations. It is the opinion that the average time could be cut 10 patient-days.

14. Answer. Ordinarily time in receiving ward is not long, except where the hospital is full and bed for veteran can't be found in proper ward. Not enough treatment begins on wards.

15. Answer. Cleanliness and neatness—orderlies complain about too much cleaning, etc., perhaps this is overstressed in this hospital.

16. Answer. Discipline and morale—O. K. except in cases where a veteran wants to go home (TB). Younger veterans are planning future and any delay is serious to them. Mostly the complaint is on too long a period of hospitalization.

17. Answer. Transportation: Hospital is approximately 5 miles from railway station. Too many men won't ride the streetcar out here. Car line passes in front of the hospital and by transfer can go to any depot in Milwaukee (Milwaukee Road—veteran must walk 1½ blocks). Taxi fare from any place in Milwaukee—maximum, 65 cents. The patients coming in should be given tickets for taxi rather than streetcar fare. While the streetcar stops in front of the hospital, the man must walk 3 blocks. Transportation on the grounds not satisfactory; to hospital and domiciliary barracks is one-half mile uphill. Transportation should be supplied in certain cases.

18. Answer. Contact service being built up. Not satisfactory, in my opinion. Persons put on recently have had no experience. More competent men have been passed up on civil-service list. None of the new employees have had any background and experience to properly equip them for the job. No proper contact in many cases on the ward; cases not gone into in full on insurance, etc. Not enough time given to study of problems by staff of contact section. Not enough schools for instruction. Need more aggressive direction.

19. Answer. Comparison in wartime is not the point. Peacetime comparison, too many patients per doctor in the Veterans' Administration hospital. Time given by doctor to individual patient, 7 minutes is the maximum for 1 day.

20. Answer. Patients in some sections O. K. In the TB section, too crowded. Floor space O. K. in general except TB. No sunrooms or place for congregating in the TB section. Too few places outside of wards in other sections.

21. Answer. Morale is low among hospital orderlies. Many passed over in promotions. Complaints among orderlies and attendants, too much time spent cleaning. Too little attention to patients. Orderlies complain that while a patient may desire some service, they must perform some task and let the patient wait. Too much divided control by the manager's office and the medical section. Too many bosses. Doctors sour on classification assigned, starting wages too low, no promotions in years, etc. Doctors required to do too much clerical work; secretarial help should be assigned to wards; if this was done it would save the time of three or four physicians. Central office responsible.

22. Answer. Additional medical and surgical beds needed. TB and NP problem in Wisconsin will be covered by facilities at Waukesha and Tomah. Waukesha to open April 23, 1945: 1,328-bed hospital at Tomah; NP to be constructed.

23. Answer. Percentage hard to determine. Leaving on account of cut in compensation is prevalent—mostly among First World War TB veterans. Varies as to seasons of the year.

24. Answer. Seventy percent World War II veterans. Mostly among TB veterans. Too long a period of hospitalization; men have to go back to jobs is another high percentage.

25. Answer. Qualified; yes. If trained properly and if they handled the patients as civilians, not Army, patients. Why not have Veterans' Administration set up same type of corps in the Veterans' Administration rather than Army; probably get more persons interested. (See attached letter, dated April 18, for more information.)

26. Answer. Yes; there is a complaint on lack of information given by the physicians. The veteran feels the lack of personal interest of the physician. He compares the relationship between himself and his home-town physician and finds the contrast here wanting. Ordinarily, few physicians discuss the case with the man from a layman's point of view. To the average physician, the man is a "case"; to the home-town physician, the man is "the boy down the street." When a man is discharged, in nearly all cases that's the end so far as the Veterans' Administration is concerned. The home-town doctor, whom the man has gone to, knows nothing of the man's treatment, what the X-rays show, etc. To get it, the man must authorize it over his own signature. There are delays. Further, very few of the men know that this can be done. The contact or medical section should inform him as to procedure. They just don't take the man into their confidence. (See attached letter, dated April 18, for more information.).

27. Answer. Physicians from nearby location, on a free basis (consultants). Many outstanding medical men would donate service several hours per week on a dollar-a-year basis or just part-time salary. Use is not being made of Marquette University and outstanding specialists in Milwaukee. Eliminating the feeling among doctors that the veteran is a "case." More cooperation between the man and the doctor. Doctor to be trained and instructed to personalize his service to the man. As it is, it's a machine; too much red tape; must follow a rule, etc. It's like ordering from a Sears, Roebuck catalog; greater interest in treatment for orthopedic disabilities; increased equipment for such treatment as well as orthopedic therapy. Weight machines, wheels, occupational therapy increase. Better lighting. Follow up of veteran; veteran told what to do, if in need of drugs, prescription to be given. Man to be questioned as to his home-town physician and advised as to further out-patient treatment at home. If medical instructions are necessary to have home-town physician, man should be informed as to how his physician can secure information on his case. Authorization to be signed there. (See attached letter, dated April 18, for more information.)

THE AMERICAN LEGION,  
DEPARTMENT OF WISCONSIN,  
Wood, Wis., April 18, 1945.

EDWARD SCHEIBERLING,  
*Natitonal Commander, the American Legion,*  
*Washington, D. C.*

MY DEAR COMMANDER: Supplementing my report on veterans' administration at Wood, Wis., made yesterday, April 17—too much time of the physicians on the staff here is taken up on examining veterans for out-patient relief and for pension and compensation purposes. Then, too many examinations are made for other services (civil service and so forth).

The out-patient service in the field should be built up by employing physicians on a part-time or fee basis at strategic points in the State. Many cases can be treated locally, which will eliminate hospitalization in a Veterans' Administration facility.

The Veterans' Administration has not established a follow-up on cases to eliminate aggravation of disability until a point is reached where the man must be hospitalized.

As it is, the physicians are pulled off wards to make examinations. Too many examinations are being made for pension purposes and not enough out-patient examinations and treatments made in the field.

A recent example is Madison, with 70,000 population—no designated examiner. All patients required to report to NP hospital some miles out of the city for examinations and out-patient treatment. This burdens the staff as well as being very inconvenient to the veteran as well as costly. He has to pay the bus fare.

What we are trying to point out is that too many men are hospitalized who could be treated locally.

Yours very truly,

J. F. BURNS,  
*Department Service Officer.*  
(For Department Commander W. R. Kenney.)

THE AMERICAN LEGION,  
DEPARTMENT OF WISCONSIN,  
Wood, Wis., April 21, 1945.

T. O. KRAABEL,

*Director, National Rehabilitation Committee, the American Legion,  
Washington, D. C.*

DEAR KRAABEL: Probably these items should be consolidated in the check-up of Veterans' Administration hospitals.

Mail: The post office is Wood, Wis., although the facility is in Milwaukee. In my opinion, it should be a substation of the Milwaukee Post Office. The post office is fully one-half mile from the hospital. No branch in the hospital, lacking postal orders, purchasing orders, and so forth, is pretty much of a problem, hence, much work is put the Auxiliary to care for such items as well as cash bonds, and so forth. With a substation, a suboffice could be opened in the hospital for a few hours a day. Stamps are available in the canteen and from the wagon operated by the canteen making the rounds of the wards.

Perhaps I've called attention to the need for working out a different system for selling cigarettes to patients on wards. Orders are taken one day and delivered the next. The patient must have 17 cents in change at time of making purchase. Change will not be made. If the man doesn't have it, he will not get the cigarettes. It's pretty hard for anyone to pick up change, especially pennies; some system should be worked out where change could be made. It keeps the Auxiliary humping, getting change for these patients.

Yours very truly,

J. F. BURNS,  
*Department Service Officer.*

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DISABLED AMERICAN VETERANS,  
DEPARTMENT OF WISCONSIN, INC.,  
West Allis, Wis., April 2, 1945.

Mr. MILTON COHN,

*National Commander, Disabled American Veterans,  
Washington, D. C.*

DEAR COMRADE COMMANDER: In reply to your letter of March 21, 1945, requesting me to set up a DAV State hospital investigation committee to completely and impartially survey all the United States Veterans' Administration hospitals in the State of Wisconsin as to complaints and general conditions, I am sending the following, together with the reports enclosed herewith:

There are four United States Veterans' Administration facilities in Wisconsin to date. One of them, as you know, is the large neuropsychiatric hospital contracted for but as yet not completed, which will be situated near Tomah, Wis. Since this hospital is not in operation and only partly built, there will be no report on this facility.

The tuberculosis hospital at Waukesha, Wis., is completed as far as the remodeling and physical structure and equipment is concerned, and the committee consisting of myself; Theodore Corrado, national service officer; and John Eagan, assistant service officer, contacted that facility on March 23, 1945, and found the building, grounds, and equipment in good order and ready to receive patients. The only delay occasioned was the nonreceipt of attendants and nurses. It is expected that this facility will open sometime in April.

The neuropsychiatric hospital at Mendota, near Madison, Wis., was inspected by the committee, consisting of myself; M. C. Alexander, department legislative director; and Earl Heath, department historian, on March 29. A report on that investigation is enclosed herewith.

A committee consisting of A. Libke, eighth district national committeeman; Theodore Corrado, national service officer; and Carl Johnson, department adjutant, met at the Wood Facility on March 30 and 31, 1945, and proceeded to make contacts and inspections. The report of that inspection and investigation is likewise enclosed herewith.

You will note the absence of my name on the report of the Wood, Wis., Facility. This is because of a peculiar circumstance which you will not find in any other State at this time. It so happens that the manager of the Wood Facility, Maj. P. G. Froemming, is my brother, and I felt that I did not want the committee to lose any meaning or have anyone question or criticize the report because of



me being department commander and chairman of the investigating committee and having my brother as the manager of the facility which we were to investigate. The committee therefore duly elected our national eighth district committeeman, Adolph Libke, as chairman.

I trust that the committee reports are satisfactory, and should there be any further information desired, I shall appreciate you contacting me and I will be glad to be of service to you.

Yours in comradeship,

FREDERICK M. FROEMMING,  
Department Commander, Department of Wisconsin, Inc.,  
Disabled American Veterans.

VETERANS OF FOREIGN WARS OF THE UNITED STATES,  
NATIONAL REHABILITATION SERVICE,  
Washington 5, D. C.

WISCONSIN (THREE HOSPITALS)

(Combined report)

Wood Facility: 1,610 domiciliary and 1,408 general medical and surgical beds.  
Waukesha Facility: 257 tuberculosis beds.

Complaints: Numerous, not detailed (see question 9); overcrowding.

Recommendations: Increase in staff; new, separate construction for 1,200 tuberculosis beds.

Mendota Facility: 276 neuropsychiatric beds.

(No report.)

WOOD FACILITY AND WAUKESHA FACILITY,  
May 14, 1945.

LIST OF QUESTIONS TO BE ANSWERED IN NUMERICAL ORDER AS TO EACH HOSPITAL  
AND COPIES IN TRIPPLICATE FURNISHED THE COMMANDER IN CHIEF

1. Question. Are there any general or specific complaints on the medical treatment and hospital care received by the patients? If so, please describe briefly.

Answer. There have been numerous complaints to our Veterans of Foreign Wars members from various sources, but owing to the demands of the members of the Milwaukee County Council, Veterans of Foreign Wars, all complaints must be in writing. Signed complaints have not been forthcoming. There are patients from 19 to 65 years of age, and they cannot be segregated successfully. Sometimes the World War II boys are a bit noisy.

2. Question. Has remedial action been taken by the Veterans' Administration in these cases or others which may have been previously reported?

Answer. Yes. The management of Soldiers' Home have been very cooperative and have openly stated that they are always willing to investigate a just complaint and remedy wherever possible.

3. Question. What is your opinion of the relative standards of treatment in the veterans' hospitals as compared to the State, county, and municipal institutions in the same area?

Answer. We believe from our investigation that the facilities at Wood, Wis., are far better and more efficient than our county and municipal institutions.

4. Question. Do the manager, chief medical officer, and/or clinical director feel they have sufficient authority to run the hospital as efficiently as they might desire?

Answer. The management is perfectly satisfied, and while they say that "Big business must have certain rules and regulations," they claim that should problems arise outside of their jurisdiction that this problem is taken care of via radio message to Washington, via Chicago, where the central office handles all emergencies immediately.

5. Question. Do they feel that there are undue restrictions and regulations under which they must function? If so, kindly specify in what way.

Answer. None, except those that are necessary in conducting a large institution efficiently through a central office.

6. Question. Do they feel they have sufficient authority and latitude to employ competent doctors, nurses, and attendants?

Answer. Yes, the management is unable to hire enough competent doctors or attendants. They are not available.

7. Question. Do they have encouragement and support in research, in participating in clinical meetings, symposiums, medical lecture courses, etc.?

Answer. Yes. They have staff conferences every week with outside consultants, but due to the shortage of doctors and the great amount of work they are compelled to do, no time is available for any amount of research work. If Waacs or Waves or other personnel were available for secretarial work, the doctors could spend more time in research.

8. Question. What definite complaints, if any, are there as to the quality, quantity, variety, and preparation of food in the veterans' hospitals?

Answer. One patient mentioned that the past week, May 5 to May 12, 1945, quite a change had taken place in cooking of the food and seasoning of the salads. All the juice seemed to be fried or cooked out of the meat. In the past everyone complimented the food, and also the quantity. The kitchen, the employees, and the food in general seemed to be of the best. There is some shortage of help.

9. Question. Have there been or are there any specific cases of alleged abuse or neglect of patients?

Answer. Yes (numerous). We have received but a few signed complaints. Patients are reluctant to sign a complaint while a patient, and after they are discharged they seem to forget about it altogether.

10. Question. Are the recreational facilities adequate?

Answer. Yes, there is in charge a competent administrator who carries out a complete and varied program, except, we believe, that a recreational hall should be provided with the necessary equipment along with a competent instructor. We feel this is very necessary.

11. Question. Is the canteen service satisfactory, and are the prices charged veterans reasonable? If not, please describe.

Answer. Yes.

12. Question. Are the medical equipment and clinical arrangements satisfactory?

Answer. From the layman's experience we cannot answer this question except that we find in our many inspections of the hospital there are laboratories and operating rooms and other rooms full of a great amount of equipment which is ready for use, apparently, at a moment's notice. Cleanliness seems to be the watchword throughout the institution, and the doctors tell me that arrangements are satisfactory.

13. Question. Are the periods of hospitalization proper? Too long? Too brief?

Answer. Satisfactory.

14. Question. Do patients feel they are required to remain in receiving wards too long before complete examinations and treatment are started?

Answer. In the past years complaints were heard that patients were required to remain too long in the receiving wards before they receive attention, but this complaint, we understand, was rectified since Lieutenant Colonel Mullens has taken over. He now has four assistants in the receiving ward, and many patients are treated in this ward before they really know, themselves, that they are under the regular treatment.

15. Question. How about cleanliness and neatness in the buildings and on the grounds?

Answer. Wood, Wis., has about the finest, cleanest, and most well-kept grounds of any hospital, and the buildings inside and out are a model of cleanliness.

16. Question. Is it felt that the discipline and morale of the patients are satisfactory?

Answer. Yes.

17. Question. Are the transportation facilities to and from the hospital adequate?

Answer. Definitely yes; for there are two streetcar lines and taxi service available at all times.

18. Question. Is the contact service considered satisfactory and adequate by the Veterans of Foreign Wars?

Answer. Yes; some of the most efficient men in the State work there.

19. Question. How does the ratio of patients to full-time physicians and surgeons, nurses, and attendants in the veterans' hospital compare to that in State, county, and municipal institutions?

Answer. Even with the present shortage of medical men and nurses, the veterans' facilities have a better ratio than the outside hospitals.

20. Question. Are the patients too crowded? Is there sufficient floor space per patient?

Answer. (a) No. (b) Yes.

21. Question. How do they find the discipline and morale of the hospital personnel? What are their complaints, if any?

Answer. Very cooperative and courteous.

22. Question. What is your recommendation as to type and number of additional beds that may be required for the new load?

Answer. Recommendations are that present hospital be used for TB patients only, and a new hospital with 1,200 beds be built elsewhere on the reservation where there is plenty of room for many new buildings.

23. Question. What percentage of the patients are leaving the hospital against medical advice? Why?

Answer. A high percentage, sometimes from 50 to 60 percent. World War II patients know that when they are checked in at Wood, Wis., that they are discharged from military jurisdiction and, being fed up with military rules and regulations, many, homesick, decide to take leave to visit their families and friends. We suggest that laws be enacted to compel these men to accept hospital care. We also suggest that keeping them at a hospital for 6 or 8 months may convince them that they really need attention.

24. Question. Could better personal care be furnished with staff aide program of Waacs trained in hospital routine, thus relieving nurses for more important duties?

Answer. Yes. In some measure the secretarial and stenographic work could be taken over by these ladies, as well as checking personal belongings and property exchange so that doctors would not have to pay attention to these details. Twenty-five to thirty of these young ladies are very much in need at Wood, Wis.

25. Question. What percentage of patients without dependents leave the hospitals against medical advice due to the reduction in pension while being hospitalized?

Answer. A high percentage. Same suggestions recommended as in No. 23.

26. Question. Are there any complaints on the part of the patients regarding the lack of information given them as to their physical condition and advice as to future treatment upon being discharged from the hospital?

Answer. Yes; there are some complaints, but I am not sure that they are justified.

27. Question. What general or specific recommendations would you offer as to the medical treatment and hospital care of veterans in Veterans' Administration facilities?

Answer. We find from our investigation with the manager, Major Froemming, and his staff that they are more than willing to cooperate, also ready to listen to suggestions that will help the morale of the patients and do anything that they feel will be good for their welfare and comfort. Of course, this comes from the front office, which information certainly is not what we would expect to hear from those that have an ax to grind.

I understand the officers of the American Legion have pages of affidavits pertaining to complaints of patients which have been investigated and which complaints will be turned over to the proper officers in Washington, D. C.

It is very evident that more personnel in doctors and nurses must be brought into Wood, Wis. immediately. There is room today for 8 doctors and 65 civilian attendants. Each doctor takes care of an average of 36 patients per day. The management seems to be of the best. The chief physician seems to be doing all in his power to do a good job.

Ventilation, lighting, and cleanliness at the hospital is of the best. There are 175 Gray Ladies assigned to this hospital, and there are about 45 of these ladies on hand at all times. Excellent connections have been arranged with the doctors at Marquette University and with the specialists in and around Milwaukee.

This investigating committee consisted of Mr. Fred C. Schell, department junior vice commander and nonpy chairman; Mr. Ben Hose, past department commander and chairman of the hospital committee; Mr. E. M. Greinke, department chief of staff, and a city health inspector, and Mr. George H. Johnson, department commander.

GEORGE H. JOHNSON,  
*Commander, Department of Wisconsin.*



## WISCONSIN REPORT OF THE DAV HOSPITAL INVESTIGATION COMMITTEE

We, the members of the hospital investigation committee of the DAV, met in session on Friday, March 30, and Saturday, March 31, 1945. The committee in its entirety made a complete survey and investigation at the Wood, Wis. facility and submit the following report based upon the questions to be answered and are so answered correspondingly.

1. Answer. The committee finds no definite complaints.
2. Answer. No answers.
3. Answer. We believe that the Veterans' Administration facility compares very favorably or better than the county, State, or municipal institutions in this area.
4. Answer. The committee found that the manager, chief medical officer, and the clinical director have sufficient authority to run the hospital as efficiently as they desire.
5. Answer. None. The patients are treated under sound business principles the same as first class hospitals.
6. Answer. Yes.
7. Answer. Yes. They have encouragement and support and they receive information for the military on new diseases and techniques in treatment. The facility at Wood is a member of the American College of Surgeons.
8. Answer. The committee after a review and investigation of menus and kitchens agree that there are no definite complaints regarding quantity, quality, and preparation of food. Serving of food to bed patients is done in an excellent manner. Food reaches the patients hot and palatable.
9. Answer. No.
10. Answer. Recreational facilities are very adequate. Library reading facilities are to be expanded and recreational hall is being planned.
11. Answer. The committee finds that the canteen service is satisfactory and that the prices in many instances are below those charged on the outside.
12. Answer. Up to present time the clinics and laboratory have been able to render satisfactory service; however, due to the increased load plans are under way to definitely increase and rearrange these facilities.
13. Answer. The committee finds that the period of hospitalization are proper under individual circumstances.
14. Answer. The committee finds that patients are not compelled to remain in receiving wards longer than is absolutely necessary.
15. Answer. The committee finds the cleanliness of buildings and grounds excellent.
16. Answer. The committee finds that the discipline is normal and the morale of the patients is high.
17. Answer. The transportation to and from the hospital is as adequate as can be expected in a metropolis. Ambulance service is furnished for sick patients arriving by train.
18. Answer. The committee finds that the contact service of the Veterans' Administration is adequate but because of inexperienced contact representatives further training of contact representatives will greatly improve conditions.
19. Answer. The ratio of patients to full-time physicians, surgeons, nurses, and attendants in the veterans' hospital compares favorably with the State, county, and municipal institutions, and in most instances better.
20. Answer. The committee finds that the patients are not too crowded and under the circumstances, there is sufficient floor space per patient. Solariums very good.
21. Answer. We find that in general there is dissatisfaction among doctors because of being frozen to their jobs, and inadequate salary being the chief factor.
22. Answer. The committee feels that the present general hospital, having been constructed originally for tuberculosis, be reverted to tuberculosis exclusively and that a new and modern general hospital be built on the same grounds.
23. Answer. A large percentage of discharged patients leave the hospital against medical advice for many and varied reasons at no fault of the Veterans' Administration. The majority are TB patients of World War II. A large percentage of the group enumerated in question 23 is because of pension purposes.
24. Answer. Yes. Better personal care to patients could be furnished with the aid of trained Wacs in secretarial duties to take care of the paper work in each ward and that after the Wac program is terminated, other clerical help should be provided on a permanent basis.

25. Answer. This question is answered in number 23.

26. Answer. We find that this information is available upon request and cheerfully given. If additional secretarial help is furnished the ward doctor could devote more time to the patient discussing the problem of his future.

27. Answer. The committee is of the opinion that there should be an over-all upward revision of the salary scale in every department of the Veterans' Administration so that it can attract prospective employees and retain those qualified now with the Veterans' Administration, and thereby afford the Veterans' Administration the opportunity to choose the best qualified.

Due to the many discharges against medical advice and a. w. o. l. among the tuberculosis patients who have not completed their cure and consequently endanger others, the committee deems it advisable that some legislative action should be proposed to force or induce these patients to remain for full cure.

A suggestion proposed by the committee is that as to single tuberculosis patients without dependents who, by reason of their long periods of hospitalization, the regular rate of pension be allowed except that the regular hospital pay be issued each month and all over and above that amount be held in trust and given to the patient upon reaching the state of arrest and discharged accordingly.

A. R. LIBKE,

*National Eighth District Committeeman, Chairman.*

THEODORE CORRADO,

*National Service Officer.*

CARL J. JOHNSON,

*State Adjutant.*

#### WISCONSIN REPORT OF THE DAV HOSPITAL INVESTIGATION COMMITTEE

We, the members of the DAV department hospital investigation committee, met in session on Friday, March 30, 1945. The committee made a complete survey and investigation of Mendota, Wis., facility and submit the following report:

1. Answer. The committee finds no complaints.
2. Answer. No complaints. No action.
3. Answer. The committee believes that this Veterans' Administration facility compares very favorably or better than the county, State, or municipal institutions in Wisconsin.
4. Answer. The committee found that the manager, chief medical officer, and clinical director have sufficient authority to run this hospital.
5. Answer. No restrictions whatsoever.
6. Answer. Yes. The committee believes the manager has sufficient authority to employ personnel.
7. Answer. Yes. The committee believes that they get encouragement and support from their Washington officer.
8. Answer. The committee, after visiting the kitchen, finds that there are no complaints regarding quantity, quality, and preparation of food.
9. Answer. No.
10. Answer. Very adequate.
11. Answer. Yes. Very satisfactory.
12. Answer. Yes. Very satisfactory.
13. Answer. Yes. The committee finds that the periods of hospitalization are proper under the individual cases.
14. Answer. No.
15. Answer. The committee finds the buildings and grounds are kept very neat and clean.
16. Answer. Considering their ailment, the discipline and morale of the patients are normal.
17. Answer. Yes.
18. Answer. Yes.
19. Answer. It compares very favorably or better to the State, county, and municipal institutions in Wisconsin.
20. Answer. The committee finds no crowded conditions and there is sufficient floor space per patient.
21. Answer. Very good.
22. Answer. No recommendations, because this facility will be used as a diagnostic NP center.
23. Answer. Less than 10 percent. Either the guardians or patients want to give it a try at home.

24. Answer. Not at this facility.  
 25. Answer. No trouble of this nature at this facility.  
 26. Answer. No trouble of this nature at this facility.  
 27. Answer. No recommendations because this facility will be used as a diagnostic NP center.

FREDERICK M. STREMMING,  
*State commander.*  
 M. C. ALEXANDER,  
*Department Legislative Director.*  
 G. EARL HEATH,  
*Department Historian.*

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VETERANS OF FOREIGN WARS OF THE UNITED STATES,  
 NATIONAL REHABILITATION SERVICE,  
 Washington 5, D. C.

WYOMING (Two Hospitals)

Sheridan Facility: 713 neuropsychiatric beds.  
 Complaints: Overcrowded; lack of administrative authority.  
 Recommendations: Increased medical staff.  
 Cheyenne Facility: 212 general medical and surgical beds.  
 (No report.)

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SHERIDAN FACILITY

1. Question. Are there any general or specific complaints on the medical treatment and hospital care received by the patients? If so, describe briefly.

Answer. With a maximum of 785 patients, there have been very few complaints.

2. Question. Has remedial action been taken by the Veterans' Administration in these cases or others which may have been previously reported?

Answer. No complaints have been filed.

3. Question. What is your opinion of the relative standards of treatment in the veterans' hospitals as compared to the State, county, and municipal institutions in the same area?

Answer. The only institution in Wyoming which furnishes a comparison is the State Hospital, Evanston, Wyo., which has over 700 patients with only 1 doctor. Our veterans' facility, with 683 patients, has 8 ward doctors, 1 clinical director, 1 dentist, and 1 graduate hygienist, in addition to the nurses, attendants, and the occupational-therapy personnel.

4. Question. Do the manager, chief medical officer, and/or clinical director feel that they have sufficient authority to run the hospital as efficiently as they might desire?

Answer. It is recognized by the manager that the Administrator of Veterans' Affairs must in the operation of various facilities comply with congressional acts and coordinate many of his policies with those directives of other Government agencies such as the United States Civil Service Commission, and in so doing there must of necessity be restricted authority granted to those in the field. It is also realized that in the promulgation of policies for a large organization, strict rules and procedures become necessary, thus again limiting local authority. However, if central office would adopt a more liberal attitude toward field stations and be willing to make exceptions and necessary amendments to its policies when it is found through fair trial that such policies work a local hardship on the individual facility, then field hospitals could no doubt be run more efficiently. It is believed that if the medical service of the Veterans' Administration was given more recognition in the central office chart of organization, the above recommended procedure could be more readily adapted and the medical service in general would be greatly improved. The medical director's position is certainly important enough to entitle him to become an Assistant Administrator and thus make him responsible only to the Administrator for medical policies. It would also permit him to grant more authority to local managers in the establishment of broader medical policies.

5. Question. Do they feel that there are undue restrictions and regulations under which they must function? If so, kindly specify in what way.

Answer. It should be stated that the survey amongst the medical group did reveal that certain doctors and nurses were of the opinion that in general there



was an excessive amount of paper work, and others felt that they were at times called upon to do nonmedical duties which did to some extent interfere with their respective patients receiving maximum care and supervision. The specific complaints by the nurses were directed at the nurses' duties which are listed under "Comfort of patients," page 50 of the Veterans' Administration Outline of Duties and Responsibilities of Field Personnel, namely, "In neuropsychiatric facilities the nurses will prepare a consolidated requisition, Form 2675, for a group of patients on a ward, in requisitioning incidental comfort articles (cigars, tobacco, cigarettes, candy, newspapers, magazines, etc.), or new clothing or repairs, cleaning and pressing, for patients having funds to their credit. She will similarly requisition small amounts of cash for such patients. She will prepare a consolidated issue list, Form 2598g, to cover the total of Government-supplied toilet articles, tobacco, etc., needed as a supply for an issue period for all eligible patients on her ward, and, after checking after receipt from the supply officer, will distribute these articles to the patients.

"Nurses will exercise supervision of clothing in ward storerooms, insist upon an orderly and clean arrangement thereof, and caution attendants as to keeping such rooms locked except when patients desire access to their baggage.

"An attendant will continuously be present during abstraction of articles from baggage in storerooms, and will be required to impound contraband articles discovered at such visits. Nurses will be particularly interested in the inventory of all clothing brought in by patients upon admission to wards, and will observe the procedure prescribed for intrafacility transfers of clothing, including laundered articles."

The medical officers' most specific and consistent complaint had to do with the assignment to various boards and committees which they consider are often nonmedical in character and at times serve no useful purpose as far as the actual care of patients is concerned. The specific example that most physicians cite without hesitancy is the boards made necessary by R. and P. 6735, particularly when the incident is minor and when there is no evidence of negligence or collusion.

It is believed that clerks or stenographers, properly trained and assigned to the supply department of the Veterans' Administration, could complete the paper work to which most nurses have objected. The objections of the medical officers could also be done away with if the managers in the field were permitted more latitude in the appointment of boards, particularly those boards which have to do with minor injuries where no negligence or collusion is suspected. At the present time it is necessary, in accordance with R. & P. 6735, for the manager to appoint a board in many cases where the incident does not need investigation. For instance, if an epileptic patient falls during a seizure and obtains a small laceration which requires treatment, then it becomes necessary for the manager to appoint two physicians and another employee to investigate the circumstances surrounding the incident, and to make a voluminous report to the Medical Director regarding the accident. Not only does this take the time of medical personnel, but also takes stenographic help, which is difficult to secure at present and frequently takes witnesses and other personnel from wards for long periods of time, as it is necessary for them to give testimony regarding the incident if they were witnesses or were on duty at that particular time; thus patients must of necessity receive less care and supervision.

It is also believed that central office's policy of making each individual station do away with central barber shops, where better sanitation can be maintained and the incident of accidents is lessened, is not beneficial to the care of veterans. Here again central office should not be dogmatic regarding certain procedures and policies and permit various facilities to use own judgment in the running of their respective facility.

6. Question. Do they feel that they have sufficient authority and latitude to employ competent doctors, nurses, and attendants?

Answer. In the matter of employing doctors, the facilities have practically nothing to say in the matter, and in many instances a physician assigned to a respective facility has no interest in the particular hospital to which he is being assigned, and for that reason upon arrival he does not make an efficient employee. It is also true that frequently managers and clinical directors object to the transfer of physicians and other personnel who they know by past records and experience would not fit into the hospital's plan of organization because of certain personality defects, etc., but in spite of these objections, central office makes the assignments. If central office would be more careful in the selection of their physicians and make every effort possible to send the

physician to the locality in which he would be interested, and would heed the objections of field stations regarding certain objectionable personnel, then it is believed that the morale of various stations would be better and thus make a more efficient organization. Inasmuch as the position of all nurses is centralized, the above comments also apply to this group.

7. Question. Do they have encouragement and support in research, in participating in clinical meetings, symposiums, medical lecture courses, etc.?

Answer. It is not believed the Veterans' Administration has given too much encouragement and support in research and in the participation of various clinical meetings and other medical activities. Those physicians who have a tendency to be aggressive and interested in medicine have been able without difficulty to attend any meeting that they desire and to secure various postgraduate courses. However, those medical officers who occupy positions that cannot be readily relieved, such as clinical directors and managers, have found it difficult to participate in any type of medical activities other than those given by local societies, etc. There is also another group of physicians who have not obtained various courses because they are inclined to be self-satisfied, indolent, or too lazy to make any special efforts toward seeking self-advancement or postgraduate courses. It is believed that if the Veterans' Administration would offer greater encouragement or insist upon compulsory training courses, this group, which needs the training in order to heighten their interest in medicine and their profession, then a greater service could be rendered to the beneficiaries of the Veterans' Administration. If this plan is not feasible, then those physicians who do not voluntarily seek self-advancement should be weeded out of the Veterans' Administration.

In discussing the educational training program, it is believed the Veterans' Administration could set up a centralized training school similar to the Army Medical School in Washington, D. C., and require each and every professional and subprofessional employee to take a course prior to his assignment to a facility, so that each of these individuals could be properly indoctrinated and at the same time those that had no particular interest or aptitude toward serving those who have served our country could be eliminated. The staff of such a school should be composed of the best educated physicians and teachers that could be employed, then they certainly, if properly selected, could within a given time weed out undesirables and permit the facilities to have only those who have an aggressive and intelligent attitude toward the service.

8. Question. What definite complaints, if any, are there as to the quality, quantity, variety, and preparation of food in the veterans' hospitals?

Answer. Our investigation shows exceptionally good service in preparation and serving of food.

9. Question. Have there been or are there any specific cases of alleged abuse or neglect of patients?

Answer. We find few specific complaints of abuse or neglect of patients. Investigation of reports of abuse or neglect has disclosed only treatment necessary in controlling situations.

10. Question. Are the recreational facilities adequate?

Answer. Facilities fairly good.

11. Question. Is the canteen service satisfactory, and are the prices charged veterans reasonable? If not, please describe.

Answer. There is no canteen service at the present time, but authority has been granted to establish one.

12. Question. Are the medical equipment and clinical arrangements satisfactory?

Answer. Present equipment is very good but needs to be supplemented by addition of new equipment recently requested.

13. Question. Are the periods of hospitalization proper? Too long? Too brief?

Answer. The policy of the local facility to be certain of patient's condition before his release causes some criticism, but we believe is justified.

14. Question. Do patients feel they are required to remain in receiving wards too long before complete examinations and treatment are started?

Answer. Although some criticism has been expressed, we believe the general practice is very satisfactory.

15. Question. How about cleanliness and neatness in the buildings and on the grounds?

Answer. Exceptionally good.

16. Question. Is it felt that the discipline and morale of the patients are satisfactory?

Answer. Yes.



17. Question. Are the transportation facilities to and from the hospital adequate?

Answer. Although no public conveyances other than taxis are available for transportation to and from the facility, the Veterans' Administration does have transportation available at all times.

18. Question. Is the contact service considered satisfactory and adequate by the VFW?

Answer. Very satisfactory.

19. Question. How does the ratio of patients to full-time physicians and surgeons, nurses, and attendants in the veterans' hospital compare to that in State, county, and municipal institutions?

Answer. Answered in question 3.

20. Question. Are the patients too crowded? Is there sufficient floor space per patient?

Answer. The present facility is taxed with the number of patients at the present time which situation will be relieved as soon as new buildings under construction are made available.

21. Question. How do they find the discipline and morale of the hospital personnel? What are their complaints, if any?

Answer. Some complaints are made which could be corrected if the local manager had sufficient authority. We believe a civil service classification, which would make it possible to hold trained personnel, would add greatly to the efficiency of the facility.

22. Question. What is your recommendation as to the type and number of additional beds that may be required for the new load?

Answer. It is believed that to take care of future hospital load this facility will more than likely have to be increased to twice the original capacity, original capacity being 500. There will soon be an urgent need for infirm beds for the care of competent and incompetent patients. The competent infirm beds could be provided by adding another wing to the present building No. 71, which is now the building devoted primarily to the care of competent general medical and surgical cases. This wing should provide for approximately 70 more additional beds. In addition to the wing on building 71, another building should be started in the immediate future to provide office space for the extra personnel that must be employed to administer to the additional patient load. This building should be devoted to office space and the second floor for patients. The second floor should contain 70 to 80 beds. These two buildings should receive priority after the completion of present acute building which is now under completion.

23. Question. What percentage of the patients are leaving the hospital against medical advice and why?

Answer. For a 3-year period, or from January 1, 1942, to December 31, 1944, 22.39 percent of patients left the hospital against medical advice. All of these were for the same reason—the patient and his family were desirous of his returning home. A large number of the relatives were of the opinion that the patient appeared to be the same as before service. Some would not listen to any statement that the patient was mental and should be hospitalized. Other relatives, although recognizing the change in the patient's mental condition, attributed it to "homesickness," etc., and were of the impression that conditions at home would improve them. Practically all of these discharges were of World War II veterans transferred to this facility from military service and discharged from this facility within a few weeks after admission.

It is a well-known fact that many of these veterans that are discharged directly from the military service to the Veterans' Administration are told prior to discharge that they may be released to their homes as soon as they reach a Veterans' Administration facility. In some cases it is believed that this is even encouraged by attending Army medical personnel so that the patient may be more tractable during his journey from his respective service hospital to the designated Veterans' Administration facility. In many cases the designee informs his people while still in service as to what hospital he is to be sent, and makes request to the family that they meet him at the designated Veterans' Administration facility and sign him out against medical advice. In many instances this is done and frequently the boy is hospitalized not more than a few hours at a time. Certainly they do not leave because they are dissatisfied with the Veterans' Administration, but leave primarily so that they may return to their homes.

24. Question. Could better personal care be furnished with staff aide program of Wacs trained in hospital routine, thus relieving nurses for more important duties?



Answer. Not unless they were specifically trained for NP work.

25. Question. What percent of patients, without dependents leave the hospital against medical advice due to their reduction in pension while being hospitalized?

Answer. Does not apply at this hospital.

26. Question. Are there any complaints on the part of the patients regarding the lack of information given them as to their physical condition and advice as to future treatment upon being discharged from the hospital?

Answer. We find patients are always given hearings when they feel they are eligible for discharge from the facility.

27. Question. What general or specific recommendations would you offer as to the medical treatment and hospital care of veterans in Veterans' Administration facilities?

Answer. It is believed that the above recommendations and discussion cover the most specific recommendations that could be offered at this time, except that an increase of medical personnel ratio to patient would no doubt permit the various facilities to give more individual attention to their respective patients.

28. Question. In your opinion would the medical service in the Veterans' Administration be benefitted by setting up a separate medical corps where promotions could be granted and men work for the promotion and receive same when deserving as in the army?

Answer. Whether a corps would be beneficial is problematical. There are those physicians who feel that it would be detrimental and others feel that it is the solution; therefore, there is some hesitancy in discussing this question.

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#### REPORT ON UNITED STATES VETERANS' ADMINISTRATION HOSPITAL, SHERIDAN, WYO.

Type of facility: Neuropsychiatric.

Capacity: Neuropsychiatric 571; general, 23.

Load: This date, approximately, 700.

1. Question. Are there any general or specific complaints on the medical treatment and hospital care received by the patients?

Answer. There have been a great many general and specific complaints about the NP patients, most of them registered by relatives; there have been no complaints on any score from general patients or their relatives.

2. Question. Has remedial action been taken by the Veterans' Administration in these cases or others which may have been previously reported?

Answer. On most of the complaints it has been impossible to get any absolute evidence, but where any was obtained the Administration has taken corrective action.

3. Question. What is your opinion of the relative standards of treatment in the veterans' hospitals as compared to the State, county, and municipal institutions in the same area?

Answer. Veterans' hospitals excel.

4. Question. Do the manager, chief medical officer and/or clerical director feel they have sufficient authority to run the hospital as efficiently as they might desire?

Answer. No.

5. Question. Do they feel that there are undue restrictions and regulations under which they must function? If so, kindly specify in what way.

Answer. Yes; mostly due to civil-service regulations.

6. Question. Do they feel they have sufficient authority and latitude to employ competent doctors, nurses, and attendants?

Answer. No.

7. Question. Do they have encouragement and support in research, in participating in clinical meetings, symposiums, medical lecture courses, etc.?

Answer. No (but this may be due to the fact that the hospital is located a great distance from medical centers).

8. Question. What definite complaints, if any, are there as to the quality, quantity, variety, and preparation of food in the veterans' hospitals?

Answer. None.

9. Question. Have there been or are there any specific cases of alleged abuse or neglect of patients?

Answer. Yes.

10. Are the recreational facilities adequate?

Answer. No.

11. Question. Is the canteen service satisfactory, and are the prices charged veterans reasonable? If not, please describe.

Answer. There is no canteen.

12. Question. Are the medical equipment and clinical arrangements satisfactory?

Answer. Yes.

13. Question. Are the periods of hospitalization proper? Too long? Too brief?

Answer. There seems to be considerable difference of opinion, as would be natural concerning this type of hospital, and similar cases seem to be handled at both extremes.

14. Question. Do patients feel they are required to remain in receiving wards too long before complete examinations and treatment are started?

Answer. Yes.

15. Question. How about cleanliness and neatness in the buildings and on the grounds?

Answer. Satisfactory.

16. Question. Is it felt that the discipline and morale of the patients are satisfactory?

Answer. Among the general patients, excellent; as to NP patients, as good as could be expected.

17. Question. Are the transportation facilities to and from the hospital adequate?

Answer. No.

18. Question. Is the contact service considered satisfactory and adequate by the American Legion?

Answer. It has greatly improved recently.

19. Question. How does the ratio of patients to full-time physicians and surgeons, nurses, and attendants in the veterans' hospital compare to that in State, county, and municipal institutions?

Answer. Very favorably.

20. Question. Are patients too crowded? Is there sufficient floor space per patient?

Answer. Yes and no.

21. Question. How do you find the discipline and morale of the hospital personnel? What are their complaints, if any?

Answer. Not as good as it should be; principal complaints are of cliques and favoritism.

22. Question. What is your recommendation as to type and number of additional beds that may be required for the new load?

Answer. New addition now under construction which will partially relieve the overflow.

23. Question. What percentage of the patients are leaving the hospital against medical advice? Why?

Answer. About 18 percent. One of the reasons seems to be that the Army doctors appear to be telling the NP patients that they will only have to stay a day or so at the NP facility. Apparently this probably is done in order to avoid difficulty in getting the patients to the facility, but it does create a bad situation after the patient arrives.

24. Question. What percentage of patients without dependents leave the hospitals against medical advice due to the reduction in pension while being hospitalized?

Answer. None.

25. Question. Could better personal care be furnished with staff-aide program of Wacs trained in hospital routine, thus relieving nurses for more important duties?

Answer. No.

27. Question. What general or specific recommendations would you offer as to the medical treatment and hospital care of veterans in Veterans' Administration facilities?

Answer. Feel that the most important thing in connection with the NP hospitals is the matter of pay of both attendants and medical staff. The present rates are not sufficiently high to attract a desired class of prospective employees.

T. T. TYNAN,

*National Executive Committeeman,  
Department of Wyoming.*

THE AMERICAN LEGION,  
DEPARTMENT OF WYOMING,

April 19, 1945.

Mr. EDWARD N. SCHEIBERLING,  
National Commander, the American Legion,  
Washington, D. C.

DEAR COMMANDER: I submit herewith the report of an inspection of the Veterans' Administration hospital at Cheyenne, Wyo., general medical and surgical, 201 patients) as requested in your letter of March 21. The inspection was made secretary of Denver and Mr. W. W. Hale, Jr., department adjutant, of Cheyenne, Wyo. We were shown every courtesy by Mr. James L. Laughlin, manager of the facility, and Lieutenant Colonel Allegretti, chief medical officer.

The following material covers the information requested on the questionnaire which accompanied your letter. The numbered comments correspond to the numbers in the questionnaire:

1. Answer. A careful check, covering at least 50 individual patients in all wards of the hospital, developed no general or specific complaints on medical treatment or hospital care. In practically every case patients were generous in their praise of these hospital functions.

2. Answer. No comment necessary on the first part of this question. It is apparent that if complaints had been justified in the past some remedial action has been taken to cause the present good condition.

3. Answer. In my opinion standards of treatment in the Cheyenne hospital are at least as good, and probably somewhat better, than those of State and county institutions in Wyoming. We have few public institutions in the State that can be properly compared to the Cheyenne Facility. Incidentally, the cooperation between the regular doctors in Cheyenne and the medical staff at the Veterans' Administration is splendid.

4. Answer. The manager and chief medical officer feel very definitely that they do not have sufficient authority to run the hospital as efficiently as they would like. Both of them feel that there could be a considerable degree of decentralization of authority, with immediate benefit to both patients and employed personnel. They argue that there are too many existing controls, with the result that supplies, many of which are minor in nature, are very much delayed in delivery. More leeway should be allowed for local purchases of many supplies which now have to go through the central office. In addition to these suggestions it is felt that there should be more speed in the central office, even under the existing plan. It is realized, however, that the present shortage of clerical help may be largely responsible for some of this delay. Among other items that were discussed was the desirability of being able to send tuberculosis patients to the Veterans' Administration Facility at Hot Springs, S. Dak. by ambulance without central office authority. The Cheyenne Facility is a general medical hospital and does not treat tuberculosis patients. When one is admitted, however, it is necessary to transfer him to Hot Springs as soon as possible. Rail transportation between the two facilities is so slow and circuitous that it is entirely impractical. Permission to use the facility ambulance is always granted, so there seems to be no necessity for asking for special permission on each occasion.

5. Answer. The two officers also feel that there are some burdensome restrictions with regard to some of the professional functions of the hospital. It was brought out, for instance, that a World War II patient had come into the hospital with a broken body brace which had been furnished by some other governmental agency. There was no question as to the fact that the brace was broken and not serviceable. There was also no doubt that the Veterans' Administration would repair or replace the brace. In spite of these facts, however, it was necessary under the regulations to obtain central office authority to proceed with the work. Another item involves the approval of dental work by dentists in Wyoming outside the facility at over-scale rates which have been previously authorized by the central office. Under the existing regulations it is necessary to get the approval of the central office in each individual case. It is felt that men who are considered competent enough to operate a Veterans' Administration facility should be allowed to handle these more or less routine matters on their own judgment, without having to wait for central office approval.

6. Answer. Yes, but they have been unable for some time to hire attendant personnel at the established lower bracket wage scales.

7. Answer. No. In a small hospital such as the one at Cheyenne it is quite often impossible for a doctor to leave his post to attend meetings because of insufficient relief. It is also felt that there should be some definite plan set up



by which medical personnel could make some regular attempts to keep up with new developments outside of the facility and that at least partial expense should be borne by the Veterans' Administration in the way of transportation and per diem expense.

8. Answer. None. Due to the crowded conditions of the hospital itself the patients' mess hall is slightly crowded, but this condition is not serious.

9. Answer. None.

10. Answer. No. The hospital has a well-stocked library but inadequate space for it. An auditorium was constructed in connection with a building program about 5 years ago. This auditorium provides motion-picture shows twice a week, both matinee and night. Usually on Wednesday evening there is some sort of stage show or entertainment provided by home talent groups in the vicinity of the hospital. Each bed is provided with a radio headset and these are kept in generally good condition and there seems to be good satisfaction among the patients with reference to the radio programs received. There is inadequate day-room space in the hospital, due largely to the fact that additional beds have taken up some of the space formerly used as day rooms.

11. Answer. There is practically no canteen service. A private concessionaire sets up a stand in the main-entrance lobby twice a week and sells wanted items to the patients at established downtown prices. He also takes specific orders from the patients for any desired items. The facility keeps supplies of cigarettes on hand whenever possible but sells them to patients only if the cigarette supply in the concession is exhausted.

12. Answer. Yes. The only complaint is that sometimes delay in replacement of old equipment or acquisition of new equipment is somewhat harmful. This goes back to the same situation that is discussed in question 4.

13. Answer. Yes.

14. Answer. Yes, sometimes. In most cases delay at this point is brought about because the hospital has no previous history of the patient and it takes some time to study his case.

15. Answer. Excellent.

16. Answer. Yes.

17. Answer. There are no facilities for public transportation except city bus line which terminates three-fourths of a mile from the hospital. The operator would extend his line to the hospital if the ODT would grant permission. Transportation for the patients to and from the hospital is furnished by Veterans Administration and is adequate. A considerable section of the public road leading to the hospital has been allowed to deteriorate during the past few years.

18. Answer. Not entirely at this time, but the only reason for complaint is that contact men have not had sufficient experience to be completely capable.

19. Answer. Very favorably. A patient in the Cheyenne Veterans' Hospital certainly has much better access to the hospital personnel than in other public institutions in the area.

20. Answer. Yes, but not seriously. In fact, no patient complained in any way in respect to overcrowding. The fact remains, however, that the facility now has 200 available beds in quarters that were designed for 150 beds.

21. Answer. Good; only minor complaints originating from the fact that several departments are somewhat understaffed because of inability to obtain help.

22. Answer. Many departments of the facility plant are sufficient to take care of a 400- or 500-bed hospital, and it is felt that there will be at least this much of a demand at Cheyenne during the next few years.

23. Answer. Over a recent 90-day period, which is considered representative, the a. m. a. discharges ran approximately 3 percent. These are almost entirely because of economic pressure or from emergencies at home, and not on account of dissatisfaction with the hospital service.

24. Answer. None.

25. Answer. Yes, if the Wac took over an attendant's job. No, if the Wac was to act as a nurse's aide and the present attendants were to be retained.

26. Answer. No.

27. Answer. Some provision should be made for an occupational therapy department at Cheyenne. More encouragement should be given the doctors to progress with the profession and some financial assistance should be provided in this connection. It would be desirable to have traveling consultants from the Veterans' Administration visit hospitals from time to time and spend several days with the doctors who are practicing in their special field. If a doctor is hired as a specialist,

there should be a real effort made to determine that he actually is a qualified specialist. Better attendants are a real need at the Cheyenne hospital. It is felt that they can be obtained only through granting them a higher wage. Managers and chief medical officers should have regular conferences with similar officers in other facilities and opportunities should be provided for periodic visits to other facilities. It is recommended that a supply of modern hospital equipment adequate for the expansion program plan for the next 5 years be obtained as soon as possible from surplus Army supplies and kept as a reserve pool, from which the central office could issue material to the various facilities throughout the United States.

Respectfully submitted.

W. W. HUSTED,  
Department Commander.

#### REPORT OF COMMITTEE ON HOSPITAL INVESTIGATION, CHEYENNE, WYO.

1. Answer. There have been no recent specific complaints on medical treatment but there have been several general complaints which have not been borne out after investigation.

2. Answer. Remedial action has been taken in all cases where such action was proven necessary. There have been very few complaints, but these were remedied promptly.

3. Answer. The relative standards of the Cheyenne Facility are very favorable in comparison with other hospitals in the State, county, and municipalities. Cases are worked up more completely as the patient receives the benefit of more extensive laboratory and X-ray work, as well as having the advantage of several physicians in consultation at all times. On the whole, the treatment is at least as good as on the outside, and in some cases patients have stated that they have received more and better treatment.

4. Answer. The manager and chief medical officer do not feel that they have sufficient authority. There should be more decentralization of authority. Under existing regulations too much time is lost in getting authority from central office.

5. Answer. They do feel that there are undue restrictions under which they must function. Authorization must be obtained from central office to replace prosthetic appliances if rendered unserviceable in less than the 3-year period, since central office must be guided by the statement of the chief medical officer or his subordinate physicians. Then the chief medical officer or manager should have authority to supply these appliances without conferring with central office. There are numerous other similar instances of this in the regulations.

6. Answer. They do feel that they have sufficient authority and latitude to employ competent doctors, nurses, and attendants. However, wages are so low, especially for attendants, capable help cannot be secured.

7. Answer. They do not have encouragement and support in research, in participation in clinical meetings, symposiums, medical lecture courses, etc. Refresher courses should be given to all physicians and surgeons at stated intervals and financial aid such as per diem should be allowed.

8. Answer. There have been very few complaints as to the quality, quantity, variety, and preparation of food in this facility.

9. Answer. There have been no cases of alleged abuse or neglect to patients.

10. Answer. The recreational facilities are inadequate, due to lack of space and no recreational director. This work is handled by the librarian, who does not have the time to devote to two jobs.

11. Answer. The canteen service is not satisfactory because of lack of space. However, on Tuesday and Friday this service is handled in the lobby by a lady who sells cigarettes, tobacco, candy, toilet articles, etc., at prices comparable to those in stores downtown. Necessarily the stock is limited because of transportation difficulties and lack of help.

12. Answer. The medical equipment and clinical arrangements are satisfactory. However, the system of supplies is inadequate. Considerable delay is experienced in securing necessary supplies.

13. Answer. The periods of hospitalization are not too long and also are not too brief, depending entirely upon the treatment needs of the patient.

14. Answer. There have been a few cases where complaints have been made about the length of time a patient has been kept on the receiving ward, examinations completed, and treatment started. However, most of these complaints have



been due to lack of past diagnoses and the necessity of tracing the nature of the illness or disease.

15. Answer. The cleanliness and neatness of the buildings and grounds are exceptional.

16. Answer. The discipline and morale of the patients are satisfactory; however, it could be improved through the use of occupational therapy. Equipment has been obtained for this purpose but through lack of space has not been used.

17. Answer. The transportation facilities to and from the hospital are adequate for the patients but are not adequate for patients' families and employees of the Administration. At the present time visitors to the hospital have to rely on friends or the use of taxicabs to reach the hospital. City busses run approximately 1 mile from the hospital.

18. Answer. The contact service is adequate, although there has been several instances of lack of cooperation between the hospital and the adjudication division. This is due mainly to lack of familiarity with the regulations on the part of new doctors employed by the Administration.

19. Answer. The ratio of patients to full-time physicians, surgeons, nurses, and attendants compares favorably with State, county, and municipal institutions. In fact, the ratio is far greater in this institution than in some State institutions.

20. Answer. The patients in this institution do not have enough space. The building is too small and at the present time, while the capacity is 151 beds, 30 beds have been added to take care of the emergency.

21. Answer. The discipline and morale of the hospital personnel is good. There have been no complaints other than those caused by the high cost of living.

22. Answer. It is our estimate that at least 400 beds will be necessary to handle the postwar load for Wyoming alone. If the present policy of sending in patients from western Nebraska and northern Colorado is adhered to, the requirements would approximate 750 beds.

23. Answer. The percentage of patients leaving the hospital against medical advice is 0.003, or 356 discharges, with 11 patients leaving a. m. a. during the last 4 months. Several of these left because of business or farming necessity.

24. Answer. The staff aide program of Wacs trained in hospital routine would be beneficial and would relieve the shortage of trained help.

25. Answer. There has been no record of patients without dependents leaving the hospital because of reduction in pension while being hospitalized.

26. Answer. There have been no complaints on the part of patients regarding lack of information given them as to their physical condition and advice as to future treatment upon being discharged from the hospital.

27. Answer. It is recommended by this committee that more beds, doctors, nurses, attendants, and equipment will be necessary to carry the future load.

- B. J. ARTESE,

*Commander, Chairman of Investigating Committee, DAV.*

WALTER H. VANALYNE,

R. E. YFOMAN,

*Members of Committee.*

#### SUMMARIZATION AND COMPOSITE ANALYSIS OF THE ANSWERS TO QUESTION NO. 4, NATIONAL COMMANDER SPIERLING'S QUESTIONNAIRE ON VETERANS' ADMINISTRATION HOSPITAL

Question No. 4. Do the manager, chief medical officer, and/or clinical director feel they have sufficient authority to run the hospital as efficiently as they might desire?

Direct reply, yes.....	28	Direct reply, no.....	23
Indirect reply, yes.....	10	Indirect reply, no.....	15
Total.....	38	Total.....	38

No answer to question 4.

Comments regarding this question from the different departments:

"I do not think that the managers of the hospital have sufficient authority to buy in the open market such things as equipment and drugs that are needed from time to time. They should be given the same authority to operate their hospitals as the manager of public health, Army, and Navy hospitals have. It is discouraging to most managers to ask central office for anything because of the months of delay and sometimes years that elapse before action is taken." (Livermore.)



"It is our opinion that sufficient authority is not given by central office to the manager, chief medical officer, or clinical director to run the hospital competently and efficiently, although they would be perfectly capable of doing so if there was an easing up of centralized control and domination." (Los Angeles.)

"It cannot be expected that the officials at the hospital would be willing to give a negative reply to this question. However, it is our opinion that the officials at San Fernando, as well as at other facilities, are handicapped in the efficient management of stations by central office. Central office, through its years of promulgations, regulations, and procedure, and instructions in an attempt to cover any possible contingency, has taken away practically all authority for any field official to act on his own initiative; as the result the patient suffers because of the long delay necessitated in obtaining authority from Washington on many minor matters in which field officials should be given authority to act." (San Fernando.)

"They must accept the personnel assignments from Washington some of whom are Army officers, and feel as if they are not in the Army. Some have been in Army camps and do not like to take orders from the civilian officials of the hospital." (Atlanta.)

"Details should be more decentralized on minor administration." (Danville.)

"Mr. Moore, the manager, and Lieutenant Colonel Hare, medical officer, need more latitude for direct action in keeping with good judgment, and cumbersome machinery should be simplified by elimination of red tape." (Indianapolis.)

"No; they have no knowledge of type of personnel until assigned; no opportunity to select physicians desired. They have to take what is sent them from Washington." (Togus.)

"No. There are always some restrictions as to treatment, especially the shock therapy. Central office has too much to say as to the efficient running of this hospital." (Bedford.)

"The manager and the chief medical officer both mentioned that there was some delay in referring special patients to other institutions, due to the fact that they had to go through Washington." (Fargo.)

"Central office has too many regulations and restrictions on the manager. These should be removed, as the central office does not know the facts facing the manager of this institution. He should be given sufficient authority to run the hospital as efficiently as possible." (West Roxbury.)

"The manager has no control over the employment of personnel." (Gulfport.)

"They feel they are restricted by regulations in the hiring of additional employees in emergency. Present regulations make it mandatory that they first have approval through central office in Washington, and too many times help listed on civil service is not as competent as that obtained by personal selection." (Fort Harrison.)

"Dr. Murphy, manager at the time of the department visit, seemed to feel that he had authority to run the hospital. Principal complaint of authority related to disbursement of funds of patients to members of the family who were in need. Central-office approval caused too much delay to relieve this situation." (Chillicothe.)

"The manager, chief medical officer, and clinical director indicate they have sufficient authority. This is doubted in the light of other expressions on part of staff. There are delays which appear to be due to too much red tape and not enough local control. There are too many decisions which have to be referred to central office." (Dayton.)

"They say 'yes,' but do have regulations from the Veterans' Administration which they must follow too closely. Cost of operation of the facility is considered more important than welfare of veterans—too much civil-service control." (Muskogee.)

"The manager was slightly evasive, but our observations and questions reveal that there is restriction on administration and procurement. We recommend further decentralization of authority in the above categories." (Portland.)

"Our observations and questions reveal there are restrictions on administration and procurement. We recommend further decentralization of authority in the above category." (Roseburg.)

"Under present regulations governing Veterans' Administration hospitals we feel more liberal provisions should be made to aid border-line cases." (Aspinwall.)

"The manager and the chief medical officer feel they should have more latitude in some phases of the work particularly in having a voice in the selection—both number and qualifications—of personnel." (Roanoke.)

"We found the manager evasive on this question. He did state officially that he did not have sufficient authority but unofficially he took action without central office approval. The clinical director was emphatic in his statement in the negative." (American Lake.)

"Managers should be given authority to establish and fill temporary positions where the need therefor had been determined as we have the eligibles become available. Delays in establishing positions which have been requested results in the loss of available personnel. Delays in securing approval of an applicant for filling a centralized position have also resulted in loss of qualified eligibles. If field officers were permitted to process applications to the nearest regional office of the Civil Service Commission and place the eligible on duty we would be in a position to avail ourselves of the services of well-qualified applicants." (Dearborn.)

"It is our opinion that more leeway should be given to the management. Too much of this "through the channels" is very well for clerical but not appropriate for service of treating the sick. Awaiting the outcome and the results of certain new medication in one particular hospital before allowing its use at all institutions is most untimely and unfair to the patients. Certainly we do not want experimentation, but where certain of the sulfa drugs are approved it behooves the Veterans' Administration to immediately and forthwith place such medication at the disposal of the hospital." (Jefferson Barracks.)

"The manager and chief medical officer should be given more general authority to perform their functions. They are bound strictly by a code of regulations and have very little authority to exercise discretion in emergencies. The committee believes that officers of the ability, experiences, and character of the manager and chief medical officer of an institution the size of this should be vested with more authority and to do so would improve efficiency of service." (Columbia.)

"The manager should have nothing to do with the hospital at a combined facility. Medical section has interference from lay personnel in a combined facility. Hospitals should operate as hospitals and not as facilities. Ranks of civilian employees at combined facilities should be eliminated." (Woods.)

"The manager and chief medical officer feel that there should be a considerable degree of decentralization of authority that may be of benefit to both patients and employed personnel. They argue that there are too many existing controls with the result that supplies, many of which are minor in nature, are very much delayed in delivery. It is felt that there should be more speed in the central office even under the existing plans." (Cheyenne.)

SUMMARIZATION AND COMPOSITE ANALYSIS OF THE ANSWERS TO QUESTION NO. 7, NATIONAL COMMANDER SCHEIBERLING'S QUESTIONNAIRE ON VETERANS' ADMINISTRATION HOSPITAL

Question No. 7: Do they have encouragement and support in research in participating in clinical meetings, symposiums, medical lecture courses, etc.

Direct reply, yes.....	28	Direct reply, no.....	20
Indirect reply, yes.....	12	Indirect reply, no.....	15
Total.....	40	Total.....	35

No answer to question No. 7, 4.

Comments regarding this question from the different departments:

"Perhaps service to the veteran might be improved by enabling veterans' hospitals to avail themselves of outside expert physicians and surgeons for consultation purposes." (Tucson.)

"Interested personnel sometimes are permitted leave to attend clinical meetings at own expense but long hours and discouragement prevents research." (North Little Rock.)

"Have encouragement but insufficient time." (Fort Lyons.)

"Medical Service of Veterans' Administration is lending its support and encouragement continually. Plans considered in the Rankin bill are thought to be splendid and would be very helpful if put into being." (Mount Alto.)

"It is thought that greater study such as practiced at Bay Pines would be beneficial at this hospital. There should be at least weekly schools held of the entire staff where individual cases could be taken up and discussed, also, the participation of the entire staff in autopsies, medical lecture courses, etc." (Lake City.)



"Indianapolis Facility progressive in clinical meetings, symposiums, medical lectures, illustrated lectures, and such. Highly commendable activity in this regard carried on by facility here." (Indianapolis.)

"We believe that their lack of participation in clinical meetings is due primarily to the fact that it is not made attractive to them. In other words, we understand that only travel expense is paid." (Wichita.)

"No special encouragement in research as no time is allowed off and no expense money to attend these clinical meetings and lectures." (Bedford.)

"Yes; but whatever is done in this line is done amongst the staff themselves. No time off and no expense allowed to attend outside clinical meetings and lectures." (Northampton.)

"No special encouragement in research, as no time is allowed off and no expense money to attend these clinical meetings and lectures. Whatever is done in this line is done amongst the staff themselves." (West Roxbury.)

"No; because of shortage of medical personnel. Leave to attend such meetings has been denied in several instances by central office in comparison with armed forces and United States Public Health Service. Veterans' Administration employees must pay their own expenses to attend such meetings." (Biloxi.)

"Yes; courses, clinical meetings, once or more a week. Opportunity to attend all staff meetings at Jefferson Barracks and St. Louis County Medical Society and any national or local special medical meetings. Staff is encouraged to write up and present interesting problem cases." (Jefferson Barracks.)

"Encouragement O. K. but staff limited to such an extent that research, etc., is impossible." (Reno.)

"No information as to research was obtained at this hospital. Concern seemed to be directed in the effort to keep abreast of the expanding problem service requiring the attention without much time for special study." (Chillicothe.)

"Apparently not interested and from our observation not well received by respective societies." (Roseburg.)

"Regular curriculum of the Pennsylvania Department of Education is carried out. New attendants are schooled for 1 week before starting work in wards." (Coatesville.)

"There doesn't seem to be a great deal of interest in this respect by the staff of this facility." (American Lake.)

"Lectures, research, and so forth: we are in a position to hear many lectures, conferences, etc., as our service office is next to the theater where they are held weekly. Not enough contact with outside medical men. Believe present personnel is endeavoring to carry on an educational program." (Woods.)

"No, but this may be due to the fact that the hospital is located a great distance from medical centers." (Sheridan.)

"The staff doctors are in violent disagreement with the management and clinical director of their petty attitude in providing gasoline ration cards for the doctors to attend medical meetings. However, of late the manager did authorize some of them to attend the medical county association meeting but the doctors attending do so at their own expense and on their own time. We think that medical personnel should be allowed to attend clinics when it would not interfere with their duties without having their time charged to their annual leave." (Livermore.)

"They do not receive proper support in research work and there is no proper set-up for same. It is difficult to properly participate in certain medical meetings because, although Army and Navy and Public Health Service doctors are recognized by the American Medical Association, State and county medical association, Veterans' Administration physicians are not unless they are licensed to practice in the State in which they are employed by the Veterans' Administration. It is also necessary that doctors on civil-service status of the Veterans' Administration to obtain higher authority from central office to take annual leave in order to attend medical meetings, lecture courses, etc." (Los Angeles.)

"There is little, if any, support given officials in research work. The laboratories are not adequate for such work and they are hard pressed to keep up with the routine work needed in connection with the patient. The doctors, of course, are urged to attend the clinical meetings, medical lectures, etc. This can only be done under difficulty and they are not entitled to membership in the American Medical Association or State and county societies and must either obtain prior authority from Washington to attend such meetings or take annual leave." (San Fernando.)

"The professional staff appears to be well organized. The members meet weekly at which time one member presents a paper on research work carried



out in his own field. The percentage of autopsies amongst those dying in the hospital is very good. All cases that go into autopsies are reported on in full at such meetings as soon as the pathologist's study has been completed. Medical officers are extended courtesies of the Hartford Medical Society." (Newington.)

"There is a weekly conference of medical and surgical personnel held at this facility and during these conferences various individual cases are discussed in much the same manner as officers schools in the military forces. Also there are autopsies held in every case where permission can be secured. It is thought by the inspector that this facility is far above the average in this type of educational training." (Bay Pines.)

"The present staff works well with local medical society. Feels that more opportunity should be given staff members to take postgraduate work and full membership given in local medical society instead of associate members. Do not recommend research in hospital. There should be special hospitals for research work." (Danville.)

"Clinical staff meetings are held once a week. The entire staff and heads of the various departments hold a must conference once each month. Doctors are encouraged to attend lectures every 2 weeks at Great Lakes or for charity. Consulting staff consists of two outside doctors. Staff is not large enough to be able to excuse doctors to attend postgraduate courses. Replacements are not available." (Downey.)

"The members of the staff are encouraged to participate in all types of classes, clinical meetings, etc., and whenever possible members of the staff are sent to take postgraduate courses. Limitation of the staff makes it impossible to excuse many members for these types of meetings off the reservation because replacements are not available. Clinics are held twice a week for the entire staff at Hines." (Hines.)

"If the hospital was located in a metropolitan city the staff could attend clinical meetings with specialists in that area thus affording them more knowledge of the up-to-date treatment of TB. Staff meetings are held regularly but maximum benefits are not attained." (Outwood.)

"The various members of the staff are encouraged to attend clinical meetings, etc. within the immediate locality. It is our firm belief that the medical activities of the Veterans' Administration could be greatly improved, doctors kept up-to-date in their medical education if periodical refresher courses were a requirement for everybody rather than a few selected individuals and usually at the express desire of these individuals. This should include not only members of the staff but all those occupying key medical positions." (Rutland Heights.)

"The medical staff does not feel they have encouragement and support in participating in clinical meetings, etc. Special courses of instruction in various specialties are practically nonexistent at this time in the Veterans' Administration." (Dearborn.)

"Members are given a great deal of liberty as to clinical meetings, lecture courses, etc. The Veterans' Administration gives free postgraduate courses. Research in this institution is a very difficult matter. In other words research should be set up as a separate unit, separate from clinical work. As a general proposition a doctor cannot be an accomplished clinician at the same time engage in very much research work." (Fort Custer.)

"Adequate opportunity is not offered the medical staff for research, visiting other clinics for special training and medical meetings. To our knowledge no Veterans' Administration postgraduate courses have been available to physicians of the Fort Harrison Facility for the past 5 years. We recommend that adequate provisions be made for substitute or relief doctors so that the members of the medical staff of this facility be accorded the same opportunity. By denial of this opportunity certainly does not add any encouragement to the morale of the members of the medical staff." (Fort Harrison.)

"Members here feel that they should be allowed to go to other institutions from time to time for special refresher courses. We believe this should be done and that such courses should be taken in the best available hospitals not strictly in another Veterans' Administration facility." (Lincoln.)

"The medical director has asked that the doctors participate as much as possible in attending local medical meetings and go to various medical conventions. At the present time there is a medical officer scheduled to take a course at our research institute at Veterans' Administration, Northport, L. I. in electroencephalography and it is contemplated to assign doctors from time to time to similar courses. Doctors unless assigned to Northport, L. I., facility have no opportunity in the research field." (Lyons.)

"The members are all free to join local medical societies and are welcome at all meetings. Most of the doctors state that there were no funds for research." (Fargo.)

"It would appear that Veterans' Administration is missing the boat in research by use of Veterans' Administration records. Changes in rule are left until pressure is brought to overcome resistance and inertia." (Brecksville.)

"The chief medical officer and clinical director recite the work that some of the men are doing. The committee of the rank and file do not indicate this work is encouraged. There is indication that such work is undertaken on annual leave at their own expense. The chief medical officer seems satisfied if the average of competence is supplied. It is admitted that present public scrutiny is producing an improvement in this situation." (Dayton.)

"The manager advised that he had received encouragement in support and research and that he did participate in clinical meetings, medical lectures, etc. However, a spot check amongst the staff members revealed that they did not receive the same accord." (Portland.)

"These activities are limited, but this is due in part to a situation created by the war. In normal times the medical staff has had more opportunity for research. However, it is not felt that the Veterans' Administration has been as progressive as it might have been in these matters." (Columbia.)

"This institution should be commended for its interest in participation in clinical meetings and lectures which must be done at their own expense." (Walla Walla.)

#### SUMMARIZATION AND COMPOSITE ANALYSIS OF THE ANSWERS TO QUESTION No. 8, NATIONAL COMMANDER SCHEIBERLING'S QUESTIONNAIRE ON VETERANS' ADMINISTRATION HOSPITALS

Question No. 8. What definite complaints, if any, are there as to the quality, quantity, variety, and preparation of food in the veterans' hospitals?

##### Complaints:

Quality of food-----	12 hospitals.
Quantity of food-----	16 hospitals.
Variety of food-----	15 hospitals.
Preparation of food-----	12 hospitals.

##### No complaints:

Quality of food-----	65 hospitals.
Quantity of food-----	62 hospitals.
Variety of food-----	62 hospitals.
Preparation of food-----	59 hospitals.

Comments regarding this question from the different departments:

"Patients say when the table supply (usually inadequate) is exhausted, no more is available." (Montgomery.)

"Some few complaints on food not being served hot enough to bed patients." (Whipple.)

"The facility finds it difficult to obtain desired food supply." (Fayetteville, Ark.)

"Supply is difficult to obtain and will be until facilities are on parity with Army camp; warehouse is quite bare at present." (North Little Rock.)

"Every patient I talked to complained about the food not being suitable for sick patients. There is no salad on the noonday meal, and one of the boys that works in the kitchen told me that very few patients eat the night meal at all and that most of it goes into the garbage. Also many of the patients complain about the dirty dishes." (Livermore.)

"General dissatisfaction has been expressed of the evening meal, but such dissatisfaction is often expressed with reference to standard hospitals of this area." (Mount Alto.)

"Some complaints that food is served cold to bed patients." (Atlanta.)

"Sick patients usually complain of food." (Danville.)

"Too much time between the time the food cart leaves the kitchen until the tray is delivered on the patient's bed. Food delivered cool or cold. This is due to incompetent help because of pay restrictions." (Indianapolis.)

"The orderlies sometimes are careless and leave the doors on the tray wagons open when they should close them. This results in food arriving cold to some



patients. Occasional complaints from World War II veterans as to the quantity." (Lexington.)

"Complaints justified regarding quality and preparation of food. Meal served day we were there not up to standard." (Alexandria.)

"The food served to bed patients is usually cold or lukewarm. Many patients on specific diets believe the food could be more varied. Would suggest a different method or different apparatus that would keep food warm when served to bed patients." (Dearborn.)

"In the TB section central tray service is in operation; there are many complaints on the food in the TB unit." (Minneapolis.)

"There is need of equipment for delivery of food; there is need of equipment for the delivery of food to bedsides of patients before it cools." (Biloxi.)

"Shortage of bacon." (Albuquerque.)

"Service poor in that food carts are used from the main kitchen which necessitates some delay in the service and the distribution of trays with cold food." (Oteen.)

"Improvement could be had in keeping dining rooms clean, this was not due to lack of equipment." (Chillicothe.)

"Lack of fresh fruit and vegetables very noticeable; pork raised on station and killed locally indicated 'no inspection' under State or Federal law. Preparation very poor and tasteless; no tablecloths on patients' tables; coffee very poor, rancid." (Roseburg.)

"Numerous complaints were made about lack of variety of food and the fact it was served cold in the wards. Our investigation proves hospital kitchen is too small to adequately care for 900 patients. Crowded condition in kitchen makes it imperative they use old diet kitchens in wards." (Aspinwall.)

"Investigation proves kitchen is entirely too small to adequately take care of double the patient load for which constructed. Equipment is played out and in many cases obsolete and should be replaced immediately." (Coatesville.)

"One complaint on the food is that it has not been hot enough, but that has been corrected. The food in the domiciliary is not good, and there is a lot of complaints. Diets are not followed closely." (Hot Springs, S. Dak.)

"This hospital has always enjoyed a very fine reputation among veterans for its high quality and quantity of food that is served. It is a tribute to the personnel of the hospital that this high standard has been kept under present circumstances." (San Fernando.)

"Our first trouble is the great number of untrained personnel working in the dietetic department and our inability, also due to lack of trained personnel, to give them proper supervision." (Rutland Heights.)

"The food here could be good if it were prepared in a satisfactory manner. Good materials are purchased. The large scale preparation and the fact that food is served in unattractive surroundings and in unattractive trays and dishes results in general dissatisfaction, and food appearances are such to cause a loss of appetite, even with hungry people. Certainly this situation would produce complaints among sick people." (Dayton.)

"Complaints regarding trays and tray wagons quite numerous. Many carriers left the kitchen with spilled trays. Not much care is taken in preparing the trays; many times the food containers are too full of liquid and when the trays reach the patients liquid has spilled into the tray or dishes. I visited one patient who had just been served. The tray was so dirty and messy he had to place a newspaper under it to keep from soiling the sheet." (Muskogee.)

"Many stated that the food was not as good as it was prior to the war, and complained of too often cold and tough hot cakes for breakfast; eggs too old and tasted of sulphur; fish not well cooked and too stale and too tough; beans are not well cooked." (Salt Lake City.)

"The fact that this facility is raising its own poultry and pork and producing its own eggs is distinct, and it is believed that these projects should be expanded." (Ann Lake.)

"The food when it reaches bed patients is cold and unpalatable. The difficulty in this institution is the inaptitude and endeavor toward the welfare of the patients by the chief dietitian and the assistant. The dietitians do not personally surprise or weigh the special diets. The chief dietitian or assistants seldom visit dining rooms during mealtime. The chief dietitian, because of illness, is irritable, extremely difficult to get along with, and not willing to take orders." (Walla Walla.)



SUMMARIZATION AND COMPOSITE ANALYSIS OF THE ANSWERS TO QUESTION NO. 9,  
NATIONAL COMMANDER SCHEIDERLING'S QUESTIONNAIRE ON VETERANS' ADMINIS-  
TRATION HOSPITALS

Question No. 9. Have there been or are there any specific cases of alleged abuse or neglect of patients?

Direct reply; no.....	45
Direct reply; yes.....	31
Total.....	76

Comments regarding this question from the different departments:

"Alleged abuse from war surgeons in a few instances. Abusive and derogatory remarks addressed to patients is alleged." (Montgomery.)

"By means of letters which have been largely discounted because they originated from present or former mental patients and a layman is not able to distinguish between truth and imaginings." (Tuscaloosa.)

"On rare occasion when such cases have been called to our attention we in turn have called it to the attention of the management and they have been immediately investigated and corrected." (Los Angeles.)

"Patients refused admission but later upon request of Legion reexamined and admitted and in one case patient died within 12 hours." (Indianapolis.)

"These cases are immediately taken care of by investigation and in most all cases found to be unwarranted." (Marion, Ill.)

"In several instances in the past. This is due to lack of esprit de corps among the physicians." (Des Moines.)

"Case of a patient slapped—attendant was discharged." (Knoxville.)

"There were two cases of abuse by soldier attendants who were disciplined. State laws are very rigid about abuse." (Bedford.)

"One case of abuse by a soldier treatment." (Northampton.)

"A number of cases on the subject of neglect in medical treatment in the form of failing to administer medication within a reasonable time after admission." (Minneapolis.)

"Three unconfirmed on investigation. Are now under investigation." (Biloxi.)

"A report in regard to the alleged abuse of former patient, Burton C. Milles, will be supplied by a field representative of the national rehabilitation committee of the American Legion." (Gulfport.)

"There are always a few complaints. (Jefferson Barracks.)

"One patient was struck by a doctor. Doctor has since been transferred." Fort Bayard.)

"Few cases of alleged neglect of patients." (Fayetteville, N. C.)

"Found a few isolated specific complaints of lack of medical treatment in emergency cases and some few complaints on hospital care of the patients." (Oteen.)

"There have been cases where there has been neglect (treatment not started)." (Woods.)

"New requirements that every injured case be investigated has been a severe drain on medical personnel. A new World War II doctor who has a morbid fear of patients is acting as chairman of boards of inquiry thereby conserving time of one facility physician. Assaults among patients are inevitable with underpaid and overworked attendants." (North Little Rock.)

"Recently one attendant was accused of abusing a patient and was promptly fired although he was an attendant of 10 years' employment and against whom no previous complaint had ever been made. Any complaints of this nature are promptly investigated by the staff and disciplinary action taken. Even complaints resulting from fights among the patients are given prompt attention and are also investigated." (Downey.)

"We find occasional reports of neglect such as awaiting: that the one doctor does not see them daily. We feel that daily contact with the veteran while perhaps not doing him any good medically has a desired psychological effect on his morale." (Wichita.)

"The most vivid example of abuse is that where patients with active TB put alongside GM patients. No effort has been made to correct this in receiving wards." (Outwood.)

"Patients remain an unreasonable length of time in the admitting ward and feel they are neglected, particularly if they are admitted for surgery due to the fact that shortage of help and the heretofore mentioned laboratory technicians

necessitate quite a period of time before their clinical charts can be prepared and they are admitted to other wards for either surgery or general treatment." (Dearborn.)

"Patients in receiving ward feel they are neglected since they don't get much medical attention for a few days. We feel this is due to the fact that they do not understand fully the routine of the hospital and this criticism could be done away with if better reception service were given." (Lincoln.)

"If the hospital becomes crowded, we think there will be a greater possibility of friction between the colored and white veterans. We are greatly concerned over this problem and recommend to the manager of the Veterans' Administration that these patients be separated at once. Found that some time in the past two patients died; at the very time of death they did not have special nurses. On one floor there is only one nurse and one attendant on duty at night for 68 patients." (Muskogee.)

"We are led to believe instances of assault on patient by attendants occur without knowledge of the manager due to the inadequate direct supervision." (Roseburg.)

"Patients stated that improper medicine was placed in his ear to stop the earache and as a result the ear drum was perforated and he is having difficulty. Another patient stated he had a severe cold, sore throat, and in pain; he went to the doctor on his floor and asked for relief. He stated the doctor stated "so have I," and went on and never did give him any help for that complaint." (Salt Lake City.)

#### SUMMARIZATION AND COMPOSITE ANALYSIS OF THE ANSWERS TO QUESTION NO. 16, NATIONAL COMMANDER SCHEIBERLING'S QUESTIONNAIRE ON VETERANS' ADMINISTRATION HOSPITALS

Question No. 16. Is it felt that the discipline and morale of the patients are satisfactory?

Direct reply:	
Yes	62
No	9
Indirect reply (fair)	1
Those departments who did not answer question No. 16	8
Total	80

Comments regarding this question from the different departments:

"Ratio of 1 attendant for 6 to 8 patients in reality is 1 to 10 and is insufficient to provide proper service." (North Little Rock.)

"Discipline is very hard to maintain due to overload. War I and II patients cannot be separated; this is not good for morale." (Atlanta.)

"World War II boys should be segregated. More attention should be paid to the attire of the patients, shaving, and hair cuts." (Augusta.)

"Considering they are discharged soldiers and are expected to complain some." (Des Moines.)

"Feel that perhaps ambulatory patients should be given a little more freedom by making downtown passes available more frequently." (Wichita.)

"Morale in TB wards low." (Alexandria.)

"Because of shortage of attendants, delay in examinations and overcrowded condition in wards." (Gulfport.)

"Lack of recreational facilities, when number of World II men increase this may be more serious. These patients now find it pretty dull." (Brecksville.)

"The morale of the patients in this hospital is the lowest of any place I have ever seen in my 25 years as a Legion service officer and I am not surprised at the number of AMA patients." (Livermore.)

"The morale is bad because of delay due to red tape." (Dayton.)

"Morale has been upset through present publicity and investigations; applies to hospital staff as well as patients." (Aspinwall.)

"Only suggestion would be that more entertainment be arranged and planned for the younger men." (Hot Springs, S. Dak.)

"Morale appears definitely good. Discipline also except that impatience by some World War II veterans has been reported. This latter appears practically due to their misunderstanding of the word "discharge" which many of them think means discharge from treatment as well as discharge from the service. We

suggest that Army and Navy authorities make this more clear at the time of discharge." (Newington.)

"Morale is improved since the American Legion has instituted a new program of entertainment for the veterans. The location of the hospital is definitely not conducive to good morale." (Outwood.)

"Close confinement because of lack of recreational facilities including outdoor privileges has reduced the morale of patients particularly those of World War II." (Dearborn.)

"The discipline in the TB hospital appeared to be quite severe due no doubt to the fact that TB unit is in connection with the general medical hospital. Morale of the general medical patients was good while that in the TB group was not too high." (Minneapolis.)

"As to discipline the answer is 'yes.' The morale is open to improvement. Increased recreational facilities would help this. Occupational therapy is badly needed. Patients should be allowed to have more freedom on the grounds around the hospital." (Lincoln.)

#### SUMMARIZATION AND COMPOSITE ANALYSIS OF THE ANSWERS TO QUESTION No. 18 NATIONAL COMMANDER SCHEIBERLING'S QUESTIONNAIRE ON VETERANS' ADMINISTRATION HOSPITALS

Question No. 18. Is the contact service considered satisfactory and adequate by the American Legion?

Direct reply, no-----	21
Direct reply:	
Yes-----	50
Fair-----	3
No answer to question No. 18-----	7
Total-----	81

Comments regarding this question from the different departments:

"Is improving with more ward contact." (North Little Rock.)

"Contact men are inexperienced and need more direct guidance and supervision." (Indianapolis.)

"Too many inexperienced men without proper background have been employed recently." (Minneapolis.)

"There is a need for a full-time contact man with a secretary." (Biloxi.)

"Need for full-time contact man and secretary." (Gulfport.)

"The contact service should be enlarged." (Lyons.)

"To few contact representatives and lack of secretarial help." (Aspinwall.)

"It is a necessity that the American Legion maintain a contact office at the facility and it should be adequately staffed." (Hot Springs.)

"Hasn't been satisfactory since R. L. Raulston was transferred to Thayer General Hospital. Entire hospital staff requests his return to this station." (Mountain Home.)

"Contact men have not had sufficient experience to be completely capable." (Cheyenne.)

"With the large expansion for the personnel in the contact service the major part of it is made up of inexperienced personnel. However, they are being given a good training program, and it is believed it will eventually be adequate and satisfactory." (Los Angeles.)

"There is one man now appointed to the Downey facility, and with approximately 2,100 patients anticipated, it is believed that additional service will have to be provided. The present contact man spends some of his time in a branch office in Waukegan which should be discontinued." (Downey.)

"It is studied opinion that the contact service is primarily the function of the American Legion and other veterans' organizations and that the average veteran prefers service from the veterans' organizations rather from contact service. Therefore, the answer is, the contact service at the Wichita facility is more than adequate." (Wichita.)

"Contact service positively not satisfactory due to apparent lack of supervision and organized program. Also at present contact service is inadequate to serve the entire State." (Portland.)



"Contact service being built up. Not satisfactory, in my opinion. Persons recently hired had no experience. None of the new employees have had any background or experience to properly equip them for the job. No proper contact in many cases on the ward. Not enough time given to study of problems by staff of contact section. Need more aggressive direction." (Wood.)

SUMMARIZATION AND COMPOSITE ANALYSIS OF THE ANSWERS TO QUESTION NO. 21,  
NATIONAL COMMANDER SCHEIBERLING'S QUESTIONNAIRE ON VETERANS' ADMINISTRATION HOSPITALS

Question No. 21. How do you find the discipline and morale of the hospital personnel? What are their complaints, if any.

The following is the way the different departments answered this question:

Very low-----	1	Satisfactory-----	12
Bad-----	2	Good-----	24
Unsatisfactory-----	10	No answer to question-----	9
Poor-----	2	Very good-----	11
Not good-----	1	Excellent-----	4
High-----	1		
Fair-----	4	Total-----	81

Comments regarding this question from the different departments:

"Believe that if a reward was offered for anyone who would say a good word about the manager or clinical director there would be no takers." (Livermore.)

"There has been dissatisfaction with transportation, and the discipline and morale of the Army attendants personnel, as it is not as high as it should be." (San Fernando.)

"Discipline and morale fair on account of low wage scale and not being able to get their annual leave." (Augusta.)

"There is conflict between the civilian directors and Army personnel. The location of the hospital has much to do with it." (Outwood.)

"Nurses 2 years without annual leave, overworked. Patients state that head nurse, Miss McCann, too severe with cadet nurses and others, causing nurses to leave service. Suggest investigation by representative central office of nurses who have left." (Alexandria.)

"This facility has just had a change of administration which, as usual, causes interruption in the old routine. In order to better the morale of the personnel, it is suggested that an emergency room be created for female patients where acute and emergency conditions may be treated." (Oteen.)

"There is continual complaints as to the living conditions available in this locality, transportation, and the isolation." (Brecksville.)

"It is apparent that several members of hospital personnel are dissatisfied with attitude and practice of the manager and clinical director and the manager's secretary who serves as personnel clerk who appears to assume managerial authority. It is further apparent from spot check that manager of the facility does not make regular weekly inspections of his facility." It is questionable in the minds of this committee as to whether the manager makes either spontaneous or spot visits to the wards and the utilities." (Roseburg.)

"There is a lack of cooperation and coordination between the manager, clinical director, and staff and between the clinical director and staff. It is believed it would be to the best interest of the patients and the institution if a change were made in the manager and clinical director." (American Lake.)

"Morale is low among hospital orderlies. Many passed over for promotions. Complaints among orderlies and attendants as to much time being spent in cleaning—too little attention to patients. Orderlies complain that while a patient may desire some service they must perform some task and let the patient wait. Too much control by the manager's office and the manager's secretary; too many bosses. Doctors sour on classification assigned. Starting wages too low, no promotions in years." (Wood.)

"No serious complaints." (Tucson.)

"Unsatisfactory due to low wage level for attendants." (Fayetteville, Ark.)

"Unsatisfactory, due to low wage level for attendants." (North Little Rock.)

"M. D.'s are dissatisfied with the housing in Marion; would recommend officers' quarters be built on reservation." (Marion, Ill.)

"Too much unnecessary paper work." (Togus.)

"Very low, due to the lack of consideration and understanding on the part of the manager. There is certainly a lack of cooperation between the manager and the chief of departments." (Minneapolis.)

"Principal complaints are of cliques and favoritism." (Sheridan.)

SUMMARIZATION AND COMPOSITE ANALYSIS OF THE ANSWERS TO QUESTION NO. 22,  
NATIONAL COMMANDER SCHEIBERLING'S QUESTIONNAIRE ON VETERANS' ADMINIS-  
TRATION HOSPITALS

Question No. 22: What is your recommendation as to type and number of additional beds that may be required for the new load?

The following are the number of beds listed in questionnaires and are itemized according to types of beds needed for the various facilities:

Additional beds (not specified as to type bed)_____	Beds	Convalescent beds_____	Beds
NP beds_____	6,952	Domiciliary beds_____	1,000
GM beds_____	13,750	Women's beds_____	2,200
TB beds_____	15,040		300
Acute cases_____	1,050		
	465	Total_____	40,757

Comments regarding this question from the different departments:

"Recommend that a new 1,000-bed hospital be erected immediately in northern California to care for the tubercular patients as there are now no vacant beds in this State, and even Whipple, Ariz., has stopped the Veterans' Administration from sending patients down there. When such a hospital is built there should be one separate infirmary ward of sufficient size to care for both men and women patients who are psychotic as well as tubercular. The need for such a hospital of this type is urgent." (Livermore.)

"Those responsible for lack of tubercular beds in southern California cannot be too strongly denounced. Even before Pearl Harbor attention was repeatedly called to lack of sufficient tubercular beds in southern California. As far as we know no complaints whatsoever have yet been made to remedy it and it is difficult to see how the Administrator could possibly explain his failure to act. Provisions must be made at once for additional tubercular beds in southern California, and the building program of 500 beds should immediately be started." (San Fernando.)

"An acute and serious situation faces this facility in the care of female veterans. There are at present only 29 beds available. There is always a waiting list for this type of veteran." (Bay Pines.)

"We will need double the number of general medical and surgical beds that we now have. We will need a ward for female veterans." (Des Moines.)

"We feel additional beds should be made available for prospective women patients and additional beds should be made available for emergency NP cases." (Wichita.)

"Construction of new hospitals allotted to Pennsylvania should be started without delay. Emergency expansion needed and necessary to take care of NP and TB patients. Pennsylvania veterans are being shipped from hospitals in Pennsylvania to the western hospitals because of lack of hospital beds. This causes undue distress to patients and their families." (Aspinwall.)

"It is our recommendation that in the matter of new construction for this area every possible consideration be accorded to the question of a new hospital for colored patients to include general medical, neuropsychiatric, and tubercular cases." (Columbia.)

"We need and we recommend building an NP hospital in Utah. We also recommend building of a TP hospital in Utah. A goodly number of these cases are sent out of the State. Dependents cannot visit patients sent out of the State and make many complaints." (Salt Lake City.)

SUMMARIZATION AND COMPOSITE ANALYSIS OF THE ANSWERS TO QUESTION No. 24,  
NATIONAL COMMANDER SCHEIBERLING'S QUESTIONNAIRE ON VETERANS' ADMINIS-  
TRATION HOSPITALS

Question No. 24: What percentage of patients without dependents leave the hospitals against medical advice due to the reduction in pension while being hospitalized?

Under 1 percent.....	2	About 5 percent.....	2
One-half of 1 percent.....	2	Very small percent.....	5
About 1 percent.....	2	Small.....	3
About 3½ percent.....	1	Few.....	5
About 50 percent.....	1	None.....	18
About 70 percent.....	1	Out of 2,932 discharges.....	40
20 to 25 percent.....	2		

Comments regarding this question from the different departments:

"A large percentage but no figures available." (Tuskegee.)

"It is impossible to get any exact figures on this question but it is believed that percentage is quite high, particularly in a hospital like this one where hospitalization is a drawn-out affair." (San Fernando.)

"Correct figures not available but from direct contacts many wish to leave and do leave because of hardship inflicted by the reduction of pension. In our opinion both service-connected and those in receipt of total and non-service-connected pension should receive the full amount of pension allotted to them regardless of whether they have dependents or not." (Dearborn.)

"No cases are known where a patient uses this reason for leaving the hospital." (Lincoln.)

"Mostly single men, but they usually wait until emergency has ceased to exist. Many do not enter because of these provision and go to outside hospitals." (Jefferson Barracks.)

SUMMARIZATION AND COMPOSITE ANALYSIS OF THE ANSWERS TO QUESTION No. 26,  
NATIONAL COMMANDER SCHEIBERLING'S QUESTIONNAIRE ON VETERANS' ADMINIS-  
TRATION HOSPITALS

Question No. 26. Are there any complaints on the part of the patients regarding the lack of information given them as to their physical condition and advice as to future treatment upon being discharged from the hospital?

Very few.....	5
No.....	35
Yes.....	28

Comments regarding this question from the different departments:

"Patients are given insight into their physical condition and obtain sound advice unless nervous cases." (Fayetteville.)

"Asked 11 patients in 5 different wards if they were satisfied about the information their doctors gave them and in nearly every instance they said they liked the ward doctor and when they would question him about their condition he would tell them that he could not discuss it with them because the manager and clinical director prevented it. This is an unhealthy sign and if a patient is to respond to treatment his ward doctor should be the judge of the amount of information about his condition and not someone that sits in an office and has never seen the patient. I have seen the doctors in the State prisons give patients more information about their health and physical condition than was given in veterans' hospitals. It is about time that we wake up and realize that the boys and girls in this war are intelligent and they should be furnished information about their condition when the ward doctor deems advisable, if the proper relations between the patients and the doctors are to exist." (Livermore.)

"It is our opinion that the Veterans' Administration, due to the policy emanating from central office, have never properly encouraged relationship between doctor and patient that exists in private practice and that there is a definite lack of information given to patients regarding their physical conditions and, due to the pressure of work, any proper and detailed information as to future treatment and care is not given." (Los Angeles.)



"Practically all of the patients are agreed that the situation in this respect is unsatisfactory. They feel that the doctors should take more time in discussing their individual cases with them. They all feel they should have more information in connection with the extent of the degree of involvement of their tubercular condition in order that they can take proper care of themselves." (San Fernando.)

"Although there is sometimes misunderstanding as to physical conditions. Each patient appears before the discharge board and is advised as to his condition and his future treatment." (Newington.)

"This is one condition that should be corrected immediately where such information will not be detrimental to the physical condition and health of the patient. We see no point in the Veterans' Administration physician withholding information that the average civilian physician imparts to his patient." (Bay Pines.)

"There are many complaints of this type and it is felt that if sufficient cooperation was given the medical personnel by the chief clinical director this condition could easily be corrected." (Lake City.)

"We find that the discharge board and the ward doctors are using good medical judgment in counseling with the veterans on the matter of future treatment and explaining the type of disability from which the patient is suffering. The patients are always advised that a copy of their medical record and treatment recommendations will be furnished to their family doctor upon written authority and request." (Hines.)

"The patients all become very much disturbed over this practice of the doctors, nurses, and officials. The most part of the patients leave the hospital without the least knowledge of their ailment and what treatment to take and how to take care of themselves. The lack of information causes the patient to criticize the Veterans' Administration on the outside. We cannot concur with the doctors who have the opinion that all men entering the veterans' hospital have compensation neurosis." (Wadsworth.)

"We believe that during hospitalization insufficient information is given a veteran concerning his condition. We think more frankness would help, except in certain cases where we realize the knowledge would be detrimental to the patient. We feel that following discharge from the hospital the average veteran has very little idea as to what he should do in the future to protect his health. We feel that if he were furnished a letter explaining for what he was treated and for what medication he should follow after his release it would in many, many, many instances result in far less applications for readmissions. The average veteran does not complain publicly but he rather complains privately to the service officer." (Woodstock.)

"Usually a result of attitude of certain of medical personnel and again due to employment of unsatisfactory type of doctor." (Togus.)

"Some patients are told upon being discharged from this hospital what to do to take care of themselves where any type of care is necessary. Before discharged he is assigned to a social service worker who sees that the schedule given is carried out, and if he does not cooperate as to the correct home condition the social service worker recommends that the patient return to the institution. This is called a trial visit for a period of one year." (Lyons.)

"Some patients have complained that they have remained too long without information. Usually they are given information and advice upon leaving. They express dissatisfaction as to delays when they are in receiving ward when it appears to them that they are given no information and what appears to be no treatment. Some feel that this keeps them in the hospital when they might be out and make place for someone else. The lack of information contributes to this belief." (Dayton.)

"It is recommended the establishment of social service in this hospital. It is further recommended that surveys be made of home condition prior to releasing on trial visits, that follow-up service be maintained. It is further recommended that expenses of returning patients to hospital from trial visits be defrayed by Veterans' Administration." (Roseburg.)

"We recommend strongly that the individual patient be advised in detail as to his disability, type treatment, diet, etc., that he should follow after being discharged from the hospital so that maximum benefit may be received. If necessary he should be given a note from his family physician as to the treatment he should follow after returning home." (Columbia.)

"That is the greatest complaint about this institution. The patient is told nothing. He is supposed to accept their treatment and not ask any questions in return. Nothing can be learned from asking the doctors. They tell the patient that the Government regulations are such that they are not allowed to give out information regarding a patient. After his treatment he must resort to a private physician in order to learn his physical condition. Nothing is given out, either to the patient or his next of kin." (Hot Springs, S. Dak.)

"The veteran feels the lack of personal interest of the physician. He compares the relationship between himself and the home-town physician and finds the contrast here wanting. Apparently few physicians discuss the case with the man from a layman's point of view. To the average physician the man is a 'case'; to the home-town physician, 'the boy down the street.' When a man is discharged, in nearly all cases, that is the end so far as the Veterans' Administration is concerned." (Wood.)

#### HIGHLIGHTS OF THE FINDINGS OF INVESTIGATORS

##### *Mistreatment, abuse, and neglect of patients*

(See attached detailed report on Northport, Long Island, N. Y., hospital.)

Remedial action has been taken on reported mistreatment of patients in the NP hospitals at Lyons, N. J., and Roseburg, Oreg., and a new manager installed at Lyons. "Physical violence by attendants" was frequently discovered at Roseburg, according to the investigation.

A patient at the Fayetteville, N. C., General Hospital states he was told "in no degree of politeness" by a staff physician that he would not be examined as he had once been discharged from that hospital. The patient said he was released the next day without any treatment of any kind. On returning home, he related that he consulted his family physician, who performed an operation for sinus trouble and an ear condition that cost him \$400 he is "unable to pay."

At Fayetteville, it is found that two patients are quartered in one room in the NP lockward. According to the investigator "iron bars over the windows give the appearance of a jail more than a hospital."

According to the investigation at Bay Pines, Fla., a general medical hospital, patients "who are not able to walk 30 feet" were ordered to go to mess halls. Some doctors at this hospital were found "insolent." (Affidavits are available from the investigator.)

An undercover investigation of alleged mistreatment of patients by attendants is recommended in the report on the general medical hospital at Marion, Ind. "Such allegations cannot be proved or disproved by any ordinary inspection, especially in view of the mental condition of the complainants."

Investigation at Brecksville, Ohio, a general medical facility, recommended removal of "four unfriendly physicians."

##### *Segregation of patients*

The following recommendations are made: Tucson, Ariz., separation of other cases from tubercular patients at that TB hospital; Alexandria, La., construction of TB hospital for removal of TB patients from general medical facility; Lincoln, Nebr., separate facility for NP patients; Salt Lake City, Utah, remove NP and TB patients to new specialized hospitals; West Roxbury, Mass., separate women from men patients; all Massachusetts facilities and American Lake, Wash., segregate World War I and World War II veterans in hospitals.

##### *Transportation*

The facility at Brecksville, Ohio, 22 miles from Cleveland, is served only by one bus each way each day. Other hospitals serving metropolitan areas that are inaccessible to out-patients and admission cases are located in Aspinwall, Pa.; San Fernando, Calif.; Fort Howard and Perry Point, Md.; Jefferson Barracks, Mo.; Canandaigua, N. Y.; Downey, Ill.; Des Moines, Iowa; Reno, Nev.; Huntington, W. Va.

##### *Management*

New managers recently have been installed at Montgomery, Ala., Lyons, N. J., and Fargo, N. Dak. Other personnel changes are recommended as follows:

At Lake City, Fla., "repeated requests have been made for transfer of the chief clinical director and another physician." The hospital manager has



"ignored complaints too numerous to cover in this report," was another observation there.

Jefferson Barracks, Mo.: "Replace disabled and over-age physicians."

Brecksville, Ohio: "Dismiss four unfriendly physicians."

Tucson, Ariz., and Lexington, Ky.; Personnel found incompetent should be discharged, not transferred to another facility.

American Lake, Wash.: "Remove the present manager on the basis of reports of differences among the staff and poor hospital morale."

Walla Walla, Wash., and Bronx, N. Y.: It is urged that civilians replace military personnel in the kitchen, where great dissatisfaction is found. Servicemen attendants at Walla Walla are assigned to "glorified KP" and are said to have caused lack of cooperation on the part of dietitians.

At the Bronx Hospital a shortage of civilian personnel, particularly mess attendants, is reported acute.

"These attendants are often required to work long hours of overtime, resulting in a daily absent list of 16 to 20 employees who take time off to rest. Army enlisted personnel is used to fill these daily vacancies, and while the enlisted men perform their duties satisfactorily, there is much discontent among them.

"A large number of enlisted men had long periods of combat service in the various theaters of war, were returned to the United States for 6 months' furlough, and are resentful of the fact they are 'rewarded' for their combat service by being assigned for a 6-months period of KP.' At the expiration of the 6 months many of the soldiers state they are scheduled to return overseas."

Other observations on management of veterans' hospitals are as follows:

Fargo, N. Dak.: "The investigating committee is very bitter about the amount of red tape. The management feels restricted in certifying types of disability. In a recent case a patient rated 'temporary psychotic,' the case file was called to the central office for handling 3 months ago and has not been certified to date. This case could have been handled through the field office and given prompt attention."

American Lake, Wash.: "There are no qualified NP or TB specialists on duty. the ward doctor taking care of 15 NP's. Out-patients' service interferes with hospital care and should be done in the Seattle regional office."

Bronx, N. Y.: "The facility manager states there is current need for at least 10 additional psychiatrists, 12 physicians and surgeons, and 100 attendants." (Typical of comment on personnel shortages.)

Fayetteville, N. C.: "There are more than 4,000 veterans who are eligible for neuropsychiatric treatment in this facility, and the facilities to treat the veterans consist of one psychiatrist and a cardiologist who has no interest in the type of work he is forced to do." (This is a general medical facility, not an NP hospital.)

### *Equipment*

Complaints are numerous as to shortages and obsolescence of hospital equipment.

For example, the report on Livermore, Calif., presents this startling description:

No anesthetist present to aid the surgeon if he were to perform surgery, if he had the equipment, if he were given the go-ahead sign.

Three ranges and one grill suffer frequent break-downs due to failure of electric heating element.

An oven with no thermometer and no replacement of broken thermometers.

Sink soldered and resoldered again and again.

Hood over the ranges and cooking urns without exhaust fans for sufficient ventilation to prevent condensation of steam to drip and re-trickle back down over the equipment.

A great amount of breakage of crockery due to careless and unconcerned handling by personnel.

Out of one tray of dishes, some three dozen in number, five were dirty and deserving of washing again.

Inadequate steam and inadequate hot water in which to wash and spray and rinse and preheat the dishes to insure cleanliness, sterilization, and latent-heat evaporation and drying.

One tray of spoons, some four dozen, and full one-quarter still dirty—in fact, very dirty.



Twenty-one beds crowded into one room, which room is divided into 3 sections of 7 beds each, and 21 bed units have replaced the former outdoor porch.

A rule issued to medical staff that more concern shall be given to prevent dust being found than care given the patient.

Alarming shortage of beds is indicated in the following compilation of recommendations for additional construction:

Montgomery, Ala., 500 beds; Tucson, Ariz., 500 beds for TB patients and 500 beds for general medical; Bay Pines, Fla., 500 for men and 100 for women; Atlanta, Ga., 1,000 "immediately"; Downey, Ill., additional building for female patients; Marion, Ill., 400; Marion, Ind., "location of canteen a firetrap"; Des Moines, Iowa, 500; Knoxville, Iowa, 500; Alexandria, La., new TB hospital; Fort Howard, Md., 1,200; Perry Point, Md., 300; Bedford, Mass., 400 "immediately"; Northampton, Mass., 600 in addition to 200 additional beds now under way; West Roxbury, Mass., 500; Dearborn, Mich., 400 TB beds, 800 NP beds, expand cramped canteen; Jefferson Barracks, Mo., 100; Lincoln, Nebr., 300 beds and separate NP facility; Reno, Nev., 400 beds and receiving ward; Oteen, N. C., 300 TB beds "at minimum"; Fayetteville, N. C., 300 "at minimum"; Brecksville, Ohio, 400; Chillicothe, Ohio, 1,000; Dayton, Ohio, 500; Portland, Oreg., 500 beds and separate NP ward; Roseburg, Oreg., an NP hospital should be converted into general medical facility, with Camp White taken over from Army as replacement; Kecoughtan, Va., 200 and "adequate canteen"; Salt Lake City, Utah, 1,200; American Lake, Wash., "start new building approved"; Walla Walla, Wash., 200. It was also urged that construction begin immediately on the hospital designated for Grand Junction, Colo.

*Comparative chart on recommendations of service organizations investigation under H. Res. 192, 79th Cong.*

LEGISLATIVE

COMPENSATION

American Legion	Disabled American Veterans	Veterans of Foreign Wars
		8. Restoration of full payment of compensation or pension to veterans undergoing hospital treatment irrespective of dependents. This, it is believed, will reduce materially the number of veterans leaving Veterans' Administration hospital against medical advice.

ADMINISTRATIVE

EDUCATION AND TRAINING—PERSONNEL AND VETERANS

4. Encourage doctors to participate in medical clinics, meetings and symposiums, and authorize attendance of appropriate numbers to State and national gatherings at Government expense.	4. Training and research facilities should be vastly expanded. Postgraduate courses for doctors, nurses, and technicians.	5. More attention be paid postgraduate courses for all physicians at stated intervals to assure highest degree of medical skill, such courses to be at Government expense.
5. Stimulate real research and postgraduate work into those branches of medicine pertaining to prevailing disease and disablements suffered by war veterans.	6. Use of Wacs and cadet nurses: There were a number of specific requests that the cadet-nursing program be continued.	7. Establishment of internship training in Veterans' Administration hospitals.
	10. Training of patients: Appropriate correspondence courses should be extended to all patients desiring them, particularly younger veterans of World War II, in addition to a more extensive and practical occupational therapy program.	11. Devote more attention to educating the veterans of necessity of remaining in hospital until he has completed his examination or treatment. Also devote more attention to proper instructions and training of hospital attendants.

HOSPITAL CONSTRUCTION, BEDS, ETC.

2. Additional beds required immediately to relieve crowded conditions in some hospitals, and to prepare for the future load.	7. Crowding of patients: The only remedy for this situation where it exists is building of enlarged quarters and of additional hospitals.	3. Authority to contract for hospital beds in State, municipal, or private hospitals for care of veterans of all wars where Veterans' Administration beds are not available. Such contracts would be discontinued when adequate beds are provided by taking over Army and Navy installations or construction of new hospitals by Veterans' Administration.
	15. Location of new hospitals. Additional new hospitals, with exception of those for TB should be located close to communities and to direct transportation.	

MEDICAL TREATMENT AND RECREATIONAL FACILITIES

11. Appropriate segregation of veterans both as to groups and as to kinds of ailments.	16. Neuropsychiatric patients: Patients with neuropsychiatric ailments should be treated in general medical hospitals rather than in hospitals where mental incompetents are domiciled or treated. Provide extensive outpatient treatment for neuropsychiatric patients and create corps of psychiatric social workers to enter homes and assist in treatment of these individuals.	4. Establishment of out-patient treatment centers in metropolitan areas removed from inaccessible veterans' hospitals now carrying the burden of this service.
7. Increase and improve recreational facilities for World War II patients.	11. Recreational facilities in many institutions inadequate. A coordinated Nation-wide recreational program should be instituted by trained staff of recreational directors under supervision of a central office recreational director.	9. That NP patients suffering from functional nervous disabilities, such as psychoneurosis, war neurosis, hysteria, be treated in separate hospitals from those receiving treatment for psychosis.
		10. Psychotic World War I and II patients be separated from each other in NP hospitals.

MISCELLANEOUS

10. Relieve doctors of details connected with paper work, records and other administrative matters, to end that they have greater opportunity to practice bedside medicine.	5. Reduce "pencil pushing" for doctors and nurses. Remedy burden upon doctors and nurses of paper work resulting from making medical histories by using trained medical historians to make such reports.	
	8. Discharges against medical advice. Suggests each patient be asked to reveal reason for leaving hospital when recommendation of hospital authorities is contrary. Most World War II men should be given 30-day furlough at home prior to transfer to Veterans' Administration facility which would reduce number leaving against advice.	

## ADMINISTRATIVE—Continued

## ORGANIZATIONAL

American Legion	Disabled American Veterans	Veterans of Foreign Wars
<p>Resolution 1. The continuance of the Veterans' Administration as an independent governmental agency, responsible and accountable direct to the people of this country through the United States Congress and the President.</p> <p>Resolution 2. That the services and divisions of the Veterans' Administration be promptly enlarged and reorganized to end that the ever-increasing load which is faced be handled with promptness and efficiency. In support of this resolution, the National Rehabilitation Executive Committee offered these suggestions and recommendations:</p> <ol style="list-style-type: none"> <li>1. Administrator of Veterans' Affairs.</li> <li>2. A Deputy Administrator of Veterans' Affairs.</li> <li>3. An outstanding man of medicine to be an Assistant Administrator, of official of equal status, to head up the medical, surgical, clinical, dental, hospital, and domiciliary services.</li> <li>4. An Assistant Administrator to head up all insurance activities, with establishment of an insurance unit in each of the regional offices throughout country.</li> <li>5. An Assistant Administrator at head of services of finance, loan guarantees, and readjustment allowances.</li> <li>6. An Assistant Administrator for vocational training, rehabilitation and education activities.</li> <li>7. An Assistant Administrator to head up adjudication of compensation, pension, and retirement claims.</li> <li>8. An Assistant Administrator at head of services of construction, supplies, and contracts.</li> <li>9. Decentralization of Board of Veterans' Appeals to area boards of appeals.</li> <li>10. Continuance of legal, guardianship, personnel, budget, contact and other administrative activities in conformity with this new alignment and expansion.</li> </ol> <p>8. Increase space for canteens and improve the efficiency operation thereof.</p> <p>9. The contact service should be enlarged.</p>	<p>13. Supplies: Objections were raised as to the method of purchasing supplies (exclusive of food), particularly as to the operation of the quarterly budget system. A more efficient procedure would be to place the individual hospital upon an annual budget rather than to require repeated returns of individual requisitions to central office.</p> <p>12. The present canteen contract system should be discontinued, and, in place thereof, the Veterans Affairs should set up a canteen system patterned after the Army post exchange set-up. Canteens in hospitals which are located in outlying areas should make food and refreshments available for visitors.</p>	<p>1. Establishment of an independent board of review to hear complaints concerning the operation of hospitals and the treatment accorded veterans and report direct to the Administrator of Veterans' Affairs. This board would not be responsible under the law to any operating division of the Veterans' Administration. This, it is believed, would permit hospital personnel and patients to offer constructive criticism without fear of reprisals.</p>

## PERSONNEL—SALARIES, EMPLOYMENT, ETC.

<p>1. Insufficient number of doctors, nurses and other employees.</p> <p>2. More authority to chief medical officers and clinical directors to operate their hospitals and to obtain required help.</p> <p>3. Upgrading and reclassification of hospital and all Veterans' Administration employees, especially those in the lower brackets.</p>	<p>3. Salaries of employees: To attract the required number of competent doctors, nurses, technicians and attendants, their rates of pay should be made comparable to the rates of pay provided for similar services within the armed forces. A higher type of hospital attendants is definitely needed and can be obtained only if the pay scale is changed to conform with the prevailing rates of pay of unskilled labor in various communities.</p>	<p>2. Higher pay for all hospital personnel, especially physicians, nurses and attendants, to attract, in some measure, the selection of those with the highest degree of skill and intelligence.</p> <p>6. Outright firing of personnel found below standard, rather than the reported practice of transferring them to other veteran facilities.</p>
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## TRANSPORTATION

	<p>14. Transportation to and from the Veterans' Administration hospitals is, in two-thirds of the cases, considered difficult, particularly as to short hauls from main line terminals to the facility. More adequate provisions for shuttle transportation should, in such instances, be extended.</p>	
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With reference to the subject of the present paper, it is to be noted that the results of the present study are in general in agreement with those of the previous studies.

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## REFERENCES

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